

**AN EXPLORATORY STUDY OF THE NON-KIN MODELS OF CARE
AVAILABLE TO ORPHANS AND VULNERABLE CHILDREN AFFECTED
BY HIV/AIDS IN KWAZULU-NATAL**

by

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Declaration

Submitted in fulfilment of the requirements for the degree of Masters, in the Graduate Programme in Anthropology, University of KwaZulu-Natal, South Africa.

I declare that this dissertation is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. I confirm that an external editor was not used and that my supervisor was informed of this. It is being submitted for the degree of Master's in Anthropology in the Faculty of Humanities, Development and Social Science, University of KwaZulu-Natal, South Africa. None of the present work has been submitted previously for any degree of examination in any University.

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Abstract

Victims of HIV/AIDS are not only those who are infected with the disease, but also those who are affected by it; such as the children of infected parents and relatives, and indeed, all children living in communities in which the disease has reached epidemic proportions. As the number of orphaned and vulnerable children continues to rise unabated in South Africa the question remains as to who will look after these children once their parents, and relatives, have died. Research shows that the extended family continues to be the first line of support for such children; however, the dissolution of the extended family, due to HIV/AIDS, is also widely documented.

The aim of this study is to explore two non-kin models of care which are available to orphaned and vulnerable children in KwaZulu-Natal; a transition home and a cluster foster home. The two organisations chosen for the study cater for children who are at different stages of childhood; one caters specifically for babies and toddlers, while the other caters for children and young adults between the ages of five and the early twenties. Both organisations emerged as a response to the HIV/AIDS epidemic which is profoundly evident in the areas in which the organisations are situated. The theory of social rupture thesis is utilised as it asserts that the extended family is reaching breaking point in terms of absorbing orphaned and vulnerable children, and therefore that it is slowly losing its ability to act as the first line of support against the disease. Based on the research and findings of this study, this hypothesis was found to be true, as was evident in the large (and increasing) numbers of children who can be found living in non-kin models of care around South Africa. An interesting phenomenon which was documented in both organisations was the re-emergence of the father

figure in the home setting. South Africa is a country where the majority of children grow up without a traditional father figure and these two homes expressly include men in the lives of the children in order to highlight what they consider to be the necessary role of men within a family setting.

This study explores the central themes which emerged during the research; that of the impact of shifting care-givers on the development of children, as well as the many socio-cultural issues which foster parents face while raising foster children.

Keywords: HIV/AIDS, orphaned and vulnerable children, extended families, identity

Content Page

| | |
|--|---------------|
| Declaration | i |
| Acknowledgements | ii |
| Abstract | iii-iv |
| | |
| Chapter One: Introduction | 1-24 |
| 1. Background | 1-7 |
| 2. What is an Orphan? | 7-9 |
| 3. Models of Care and Support | 9-12 |
| 4. The Research Sites | 12 |
| 4.1 iSipho Senkosi | 12 |
| 4.2 Siyaphambili | 13-14 |
| 5. Gaining Access to Research Sites | 14 |
| 6. Methodology | 14-15 |
| 6.1 The Transition Home: iSipho Senkosi | 15-16 |
| 6.2 The Cluster Foster Home: Siyaphambili | 16-18 |
| 7. Ethical Considerations | 18-19 |
| 8. Limitations to Research in the Field | 19-21 |
| 9. A Framework for Terminology | 22-24 |
| | |
| Chapter Two: Literature Review and Theoretical Framework | 25-48 |
| 1. Background | 25 |
| 2. Care within the Extended Family and Community | 25-34 |
| 3. Factors Contributing Towards the Dissolution of the Extended Family | 35-36 |
| 4. HIV/AIDS, Poverty and the Extended Family | 36-38 |
| 5. Government Response and Intervention | 38-40 |
| 5.1 Social Assistance Grants | 40-42 |
| 5.2 Placing Children in Non-Kin Care Scenarios | 42-44 |
| 6. Literature on Non-Kin Models of Care | 44-48 |

| | |
|---|-------------------|
| Chapter Three: iSipho Senkosi | 49-71 |
| 1. Background | 49-55 |
| 2. Model of Care | 55-57 |
| 3. Volunteers | 57-59 |
| 4. Education | 59 |
| 5. Background Information on House Mothers and Children | 60 |
| 5.1 House Mother: Carol (House 1) | 60 |
| 5.1.1 Children (House 1) | 61-64 |
| 5.2 House Mother: Thembi (House 2) | 65 |
| 5.2.1 Children (House 2) | 65-71 |
| Chapter Four: Siyaphambili | 72-98 |
| 1. Background | 72-78 |
| 2. Model of Care | 78-80 |
| 3. The Parents | 81-82 |
| 4. Finance in the Home | 82-83 |
| 5. Education | 83-84 |
| 6. Background Information on Parents and Children | 84 |
| 6.1 House Parents: Agnes and Joseph (House 1) | 84-86 |
| 6.1.1 Children (House 1) | 86-87 |
| 6.2 House Parents: Xolani and Nothile (House 2) | 88-89 |
| 6.2.1 Children (House 2) | 89-91 |
| 6.3 House Parents: Mike and Wendy (House 3) | 91-92 |
| 6.3.1 Children (House 3) | 93 |
| 6.4 House Parents: Linda and Jake (House 4) | 94-95 |
| 6.4.1 Children (House 4) | 95-98 |
| Chapter Five: Non-Kin Care: A Plausible Solution to South Africa's Care Crisis in the Context of HIV/AIDS? | 99-128 |
| 1. Background | 99 |
| 2. Father Figures | 100-105 |
| 3. The Need for a Consistent Primary Care-Giver: The Role of House Parents and Volunteers | 105-113 |

| | |
|--|--------------------|
| 4. Living within an Institution | 113 |
| 4.1 Living On-site versus Living Off-site: the Pros and Cons | 113-116 |
| 4.2 The Creation of Expectation amongst Children Living in Non-Kin Models of Care | 116-119 |
| 4.3 The Creation of Culture in Children who have been Raised in Non-Kin Models of Care | 119-123 |
| 4.4 Fears and Concerns of Children Raised in Non-Kin Models of Care | 123-128 |
| Chapter Six: Cultural Themes | 129-156 |
| 1. Background | 129 |
| 2. A Definition of Culture for the Study | 129-132 |
| 3. Race and Ethnicity as an Identity Marker | 132-134 |
| 4. Social Constructivism | 134-135 |
| 5. Cultural Issues Facing Children Reared in Non-Kin Models of Care | 135-137 |
| 6. Cultural Issues Faced by Parents and Children at Siyaphambili | 137 |
| 6.1 Language | 137-141 |
| 6.2 Identity | 142-143 |
| 6.3 Strength of a Cultural Identity | 144-146 |
| 6.4 The Role of Christianity in Forming New Cultural Identities | 146-149 |
| 6.5 Cross Cultural Rearing of Children | 149-150 |
| 6.6 White Parents Raising Black Children | 150-154 |
| 6.7 Community Acceptance: Returning to One's Cultural Community of Origin | 154-156 |
| Chapter Seven: Conclusion | 157-163 |

Appendix:

| | |
|--|-----|
| Schematic Representation of the Layout of iSipho Senkosi | 164 |
| Schematic Representation of the Layout of Siyaphambili | 165 |

| | |
|----------------------|----------------|
| Bibliography: | 166-186 |
|----------------------|----------------|

Tables:**Chapter Three:**

| | |
|---|----|
| 5.1.2 Table representing when and where babies at iSipho Senkosi were abandoned House 1: | 64 |
| 5.2.2 Table representing when and where babies at iSipho Senkosi were abandoned House 2: | 68 |
| 5.2.3 Table representing the number of adoptions and reunification scenarios at iSipho Senkosi in 2008 and 2009 | 71 |

Chapter Four:

| | |
|--|----|
| 6.1.2 Demographics of House 1 | 88 |
| 6.2.2 Demographics of House 2 | 91 |
| 6.3.2 Demographics of House 3 | 93 |
| 6.4.2 Demographics of House 4 | 97 |
| 6.4.3 Table Depicting the Demographics of each Household | 98 |

Chapter One: Introduction

1. Background

South Africa faces a humanitarian crisis as a direct result of HIV/AIDS; by 2010 there will be approximately 2 million orphans living in South Africa who will need care and support in the absence of one or both parents (Desmond *et al*, 2002). According to van Dyk (2005), if adults do not alter their sexual behaviour and if they do not make use of anti-retroviral medication, there will be approximately 3.1 million orphans living in South Africa by 2015. By the end of 2007 there were 33 million people living with HIV/AIDS world wide. Of those 33 million people, 22 million were residing in sub-Saharan Africa (Paulsen, 2008; ¹www.avert.org). The HIV/AIDS prevalence rate in South Africa in 2007, based on attendees at ante-natal clinics across the country, was 28% (²www.avert.org), with 5.2 million South Africans said to be infected with the HI virus in 2007 (www.statssa.gov.za). In the province of KwaZulu Natal, the HIV/AIDS statistics in 2004 were 40.7% (Office of the Premier, 2006).

HIV/AIDS is a disease which continues to ravage Africa and has a profound effect on children who find themselves in increasingly fragile positions both emotionally and socially. As parents become sick and unable to work, children take over much of the household responsibilities, in particular the girl children (Foster, 2004; Commission on HIV/AIDS and Governance in Africa, n.d). As one or both parents die, children are faced with not only the emotional trauma of losing a parent/s but also with an uncertain future (Webb, 2005; Foster, 2004). According to Avert, an international AIDS charity (⁴www.avert.org), globally, there are 15 million children (under 18 years) who have been made orphans by HIV/AIDS. Of these 15 million, 12 million are from Southern Africa. South Africa has the highest HIV/AIDS statistics and will

therefore have to contend with the most number of orphans left as a result of the disease (Bradshaw *et al*, 2002).

Due to the high rates of HIV/AIDS experienced in southern Africa, and in particular South Africa, there has been a hugely negative impact felt by families both psychologically and financially. The number of children orphaned as a result of HIV/AIDS has increased dramatically and coupled with high levels of poverty and the inability of parents to find jobs, particularly in rural areas, many children face uncertain futures. It has been estimated that by 2010 South Africa will have around 2 to 3 million orphan children (Adams, 2000; Desmond *et al*, 2002). The estimation of the number of orphans, brought about by the HIV/AIDS pandemic, has been documented by many authors and the numbers continue to rise: Madhavan (2004) estimates that by 2015 there will be 4 million orphans in South Africa.

This study seeks to understand the role of non-kin in the support and care of orphans in 2 areas of Durban, KwaZulu-Natal, South Africa. The first site is located on the outskirts of central Durban and is a transition home for babies and toddlers who are either infected with or affected by HIV/AIDS. The second site is found in a peri-urban area about 30kms inland from Durban. This site is based on the cluster foster model of care where children are placed with a set of parents in a family unit. This organisation is unique in the South African context in that the children grow up with both a foster mother and a foster father. Generally in South Africa in cluster foster villages or homes, children grow up with a mother or a grandmother; there is rarely a father figure who resides with the children in the home setting (Abebe, 2009). This is a notable trend in the many examples of cluster foster villages in South Africa such as God's Golden Acre and the SOS Children's Villages.

Whilst engaging in research for my honours thesis (2007) in the outlying areas of Empangeni (KwaZulu Natal, South Africa), it was very clear that the number of orphans households were expected to absorb was by far exceeding the resources, both financial and supportive, that families were able to outlay. The question which emerged became the basis of the research undertaken for this thesis; in the event that the extended family can no longer take on additional orphans, who takes the responsibility for them?

A key reason for embarking on a study of this nature is that there are limited examples of non-kin models of care available to vulnerable children and orphans of HIV/AIDS, especially in South Africa. While community responses to orphan care are widely documented by authors such as Russell & Schneider (n.d.) and Russell & Schneider (2000), Commission on HIV/AIDS and Governance in Africa (n.d), Desmond *et al* (2002), Foster *et al* (2005), as well as through the South African government's response to the crisis, the description of non-kin care models has been minimal. Authors such as van Dyk (2005) document the various types of care, both kin and non-kin, but do not give qualitative accounts of how these facilities operate and the type of care which is offered to children. Few studies on care models accessible to orphans offer qualitative data that showcase relevant case studies of such organisations or of non-relative individuals who take on this responsibility (Desmond, *et al*, 2002, Van Dyk, 2001). Questions that relate to the reasons why non-relatives become involved in adoption and fosterage of orphans have therefore been left unanswered in the existing literature based on the South African context. If non-relatives are taking over the role of traditionally appointed orphan care-givers, we need to determine the reasons and the impact that this role is having on the new caregivers as well as on the extended family (Uys & Cameron, 2003). Madhavan

(2004:1445) further states that "it would be useful to identify non-kin caregivers for children orphaned by AIDS and why they take on this responsibility."

While this study aims to examine two of the various non-kin models of care which are available in South Africa for vulnerable children and orphans of HIV/AIDS, it does not attempt to determine which model is more successful in providing care for children. Rather the study seeks to highlight the various options which are available to these children, in the event that extended families and communities are not able to care for the children.

At present, studies indicate the responsibility continues to fall mainly to elderly grandparents (Juma *et al*, 2004; du Guerny, 2002), the eldest sibling, relatives and the community. Oleke *et al* (2005:2629) state that "extended families have assumed responsibility for more than 90 percent of orphaned children". This is further qualified by Foster (2004) who writes that family, extended family and distant relatives are "the first line of support for vulnerable children", and by Gillespie *et al* (2005: 4) who also reiterate the role of the extended family in caring for children. However in South Africa, where poverty reigns, the financial burden cannot be shouldered by these individuals alone. Non-profit organisations and other such organisations, for example faith based organisations, community based organisations and non-governmental organisations play extremely important roles as the epidemic unfolds (World Health Organisation, 2007). Facilities which take in orphaned and vulnerable children are becoming more prolific as the impact of HIV/AIDS and poverty continues to ravage South Africa (Russel & Schneider, 2000: 2; Delva *et al*, 2005). These organisations have become involved in identifying the needs of orphaned children and in developing strategies in order to help them cope.

The South African Government's response to HIV/AIDS and children in need of care and assistance is in the form of social welfare grants, such as the child care grant and the foster care grant which allows caregivers to raise children through the financial assistance of government. The South African government further asserts that children are best raised within their own community by relatives, extended family members or by willing community members (⁵www.info.gov.za). However, as reported in national newspapers, we are beginning to see more and more children being abandoned by young mothers (Independent on Saturday, 2009; Independent On Line, 2008; Daily News, 2009), and when the family is located, they are often unwilling or unable to take the children into their care. Poverty is on the increase and is said to be a contributing factor towards both the growing number of abandoned children as well as the unwillingness of family to absorb these children into their families (Van Schalkwyk, 2008; personal correspondence with informants). This is emphasised by the fact that in the second quarter of 2009, South Africa's official unemployment figures rest at 23.5%, with black South Africans making up 27.9% of the unemployed population (Statistics South Africa, 2009). Coupled with the current world-wide economic recession, these families are becoming increasingly unable to survive on what little they do have.

Research indicates (Commission on HIV/AIDS and Governance in Africa, n.d; Foster *et al*, 2005) that communities are beginning to feel the financial and emotional strain and burden of having to raise additional children. Children increasingly have to fend for themselves in dire situations without parental input and support and without money to survive. Both government and civil society are addressing the problem in various ways; however more needs to be done to attend to this urgent social issue in

South African society. There is no doubt that the numbers of children orphaned due to HIV/AIDS as well as those who find themselves in distress, is going to increase (Leyenaar, 2005; Townsend & Dawes, 2004). The Minister of Social Development, Dr Skweyiya, stated that the Department of Social Development has “provided social support to 20 657 child headed households” (Skweyiya, 2008), indicating the urgent need for support structures for orphaned children. If communities cannot look after these children there has to be an alternative system of care that is in the best interest of the child, such as non-kin models of care.

HIV/AIDS affects the entire household and often the extended family as well. Traditional methods of raising orphans have been decimated by the HIV/AIDS scourge; the young and the elderly, male and female, children and adults are all affected. Poverty only exacerbates the problem further as it ensures the spread of the disease due to strategies adopted to keep families afloat (Commission on HIV/AIDS and Governance in Africa, n.d). Such strategies might include transactional sex whereby a young girl becomes involved in a relationship with a man of material means, in order to provide for her family (Leclerc-Madlala, 2003) or the selling of material commodities in order to meet rising medical and transport costs (Mturi & Nzimande, 2006; Guest, 2003; Foster, 2005; Madhavan, 2004). Foster (2004), speaks of the negative effect of HIV/AIDS on children living in households affected by HIV/AIDS, in that their access to relatives and their mothers is reduced due to the need for the adults to care for relatives who are sick with the virus.

This thesis acknowledges the role the extended family has played, and is playing, in the care and support of orphaned children in South Africa as reflected in the research

of van Dyk (2005) and Wakhweya *et al* (2008), who concur that extended families and communities are the best place for children to be; stressing emotional, spiritual and psychological well being. However, this thesis addresses the fact that organisations and models of care have emerged due to the breakdown of the extended family and its inability to continue to fully respond to the orphan crisis that South Africa faces. Townsend and Dawes (2004) when considering that not all orphans can be cared for by the extended family propose that non-kin can play an important role in the fostering or adoption of these children.

2. What is an Orphan?

The term orphan, according to authors such as Foster (2004: 67) is a Western concept rather than an African one. This is evident in Foster's words "*there is no such thing as an orphan in Africa*". Historically, children without parents in Africa were simply absorbed into the extended family, as in most cases children were viewed as belonging to a lineage or kinship group rather than to the biological parents only (Oleke *et al*, 2005). The term 'social orphan' is used to describe a child who is living without parental care (Dillion, 2008), even though that child may well have living biological parents or extended family members. Social and biological orphans (in the 'western sense') are therefore not a new phenomenon in Africa; Madhavan (2004) cites the once high maternal death rates in Africa, and South Africa, where Africans had limited access to health resources and the death of a mother in child birth was not uncommon, as supporting evidence to this claim. The complexity of the definition of an orphan is reflected in the complex nature of defining a child, in the South African context.

The South African Constitution (1996) defines a child as a person under the age of 18 years. However it is important to note that the child support grant that government provides to the caregivers of children for the basic needs of the child is only provided until the child reaches 14 years of age (Proudlock & Mahery, 2006). Between the ages of 14 and 18 these children, who legally cannot work, are therefore not provided for financially by the state. Other institutions alternatively stipulate the age of a child to be 14, 15 or 21 (Bradshaw *et al*, n.d). The definition of an orphan, like the definition of a child, is ambiguous and somewhat contradictory in nature. For a child to be defined as a biological orphan requires the loss of one parent (maternal or paternal orphan) or in some cases, of both parents (double orphan). Ultimately it requires the death of at least one parent. However, what does this mean for children who are raised by one parent in the absence of the other (such as fathers who do not contribute socially, emotionally, or financially, to their children)? The varying age limit ascribed to orphaned children has social and economic implications for South Africa as does the definition of 'orphan'. If the age limit for children is 15 in some instances yet 18 in others, the number of orphans left behind due to HIV/AIDS is clearly far greater than imagined (Bradshaw *et al*, n.d). The numbers grow further if one considers paternal and maternal orphans rather than only double orphans. However it is not always easy to determine which children are biologically orphaned as a result of HIV/AIDS and indeed, there is much debate about whether orphaned and vulnerable children should be defined by such stigma inducing terms as HIV/AIDS orphan (Phiri & Tolfree, see Foster, 2005).

The most widely used definition of 'orphan', in the context of HIV/AIDS is the one proposed by UNAIDS (2004) which conceptualises an orphan as a child under the age

of 18 who has lost a mother (maternal orphan) or a father (paternal orphan) or both parents (double orphan). Although acknowledging the Western bias, it is this definition which will be used in informing this particular study as both research sites use the term 'orphan' in this way to define children who are accepted into the organisations for the provision of care outside of the extended family and the community.

3. Models of Care and Support

Residential Care Homes, both registered and unregistered have historically been prevalent forms of non-kin child care in South Africa, and continue to emerge especially in light of the HIV/AIDS epidemic (Meintjes *et al*, 2007). Models of care for orphaned and vulnerable children include both community and non-community forms of care. Desmond *et al* (2002) outline a number of approaches to care which include both formal and informal types of care for children. They include informal fostering, community based support, registered and unregistered residential care.

According to van Dyk (2005: 276) there are six models of care which are available to orphans and vulnerable children in South Africa:

- Children who live independently of adults with older siblings taking responsibility for the care of younger siblings, such as child headed households
- Children who live independently of adults but who are supported by the extended family and community members
- Foster care which includes both relative and non-relative scenarios
- Adoption

- Children who reside in institutions, outside of the family context, such as children's homes, orphanages and other care facilities
- Community based initiatives which are state or NGO sponsored

The South African Child Welfare Society includes the following in their list of care options for children (⁸www.childwelfareurban.org.za):

- Crisis Care: this is a short-term solution for a child in an emergency situation. The child is placed with a family who provide care for the child until further arrangements can be made.
- Kinship Care: this is where an adult relative or caregiver in the community takes on the responsibility of caring for the child in their home. The caregiver would approach the Child Welfare Society for assistance in organising a foster care grant.
- Community Family Care: up to six children and a foster mother create a "pseudo-family" within their community, rather than as one of a number of houses sharing a plot of land on the outskirts of a community. The children remain in the care of the foster mother.

Other models of care include cluster foster care homes and transition homes. These two models are the models which were chosen for the purpose of this research:

- Cluster foster care: similar to the Community Family Care option offered by The South African Child Welfare Society; six children reside with a house or foster care mother. The difference is that the homes in which the children live

are usually part of a children's village which lies on the outskirts of a community or in a designated area of land within a community, such as SOS, an organisation that has a number of homes around South Africa and Lilly of the Valley, located near the Pietermaritzburg region of KwaZulu Natal. God's Golden Acre run by Heather Reynolds, within the Cato Ridge community in KwaZulu Natal, is provided as an example by Guest (2003) and le Vack (2005). God's Golden Acre was created as a response to the HIV/AIDS crisis in the Pietermaritzburg region which was beginning to feel the impact of HIV/AIDS; in particular the need to provide care for orphans. A paediatrician at a local hospital in the area suggested Reynolds open a cluster foster care scheme which would provide a home for orphans and vulnerable children. At the time of Guest's research, God's Golden Acre provided care for 22 children in a family type environment whereby houses on the property were filled with up to six children and a house mother. The house mothers are women from the local community who are paid a small monthly stipend and are provided with accommodation, food and clothing. The difference between models such as God's Golden Acre and Siyaphambili is that house parents at Siyaphambili are married and are not from the community in which the organisation is based and where most of the children have come from.

- Transition Homes: these homes offer care for orphans and abandoned babies while they are waiting to be adopted or reintegrated back into their extended family or community. Unlike Crisis Care, the transition home in this study, takes care of children on a longer term basis and children are generally not in a

state of ‘crisis’ but rather in need of a long term care solution, such as adoption.

4. The Research Sites

4.1 iSipho Senkosi

The first research site, iSipho Senkosi, a transition home, is affiliated to a large church in Durban which I had attended for fourteen years. Further to that, I had volunteered intermittently for a period of three years at this particular site. As a volunteer I would play with the children, help at meal times and put children to bed. Due to the nature of a transition home, it is not uncommon for children to be placed with the home and to move out of it relatively soon into an adoptive home. iSipho Senkosi consists of two homes on a piece of property in Durban. Each home is able to house a maximum of six children. There are two house mothers, one in each home, who look after the children, as well as other staff such as two domestic workers and a night nurse. iSipho Senkosi also relies quite heavily on volunteers for help during the day, and because of this, there are a number of people who have assisted in the support and care of the children. While iSipho Senkosi falls into the category of care called a ‘Transition Home’, the difference between this organisation and other transition homes is that the iSipho Senkosi takes on children who have been abandoned at birth and cannot be reunified with their parents or whose parents have died of AIDS (or from other causes which are not HIV/AIDS related). They do not take children who can be placed back within their family context but rather take on children who have no hope of being returned to their biological kin. Children must be declared by the Social Welfare Department as candidates for the Family Integration Programme run by the organisation in order to be placed at iSipho Senkosi.

4.2 Siyaphambili

The second research site, Siyaphambili, was chosen due to its unique nature; the children in each home are cared for by a married couple. There are four family homes within the Siyaphambili cluster foster facility. Each family has their own home, three of which are on the Siyaphambili property and one of which is in a nearby gated estate. Each family has the capacity and resources to house six children, although not all of the families have six children at present. If two or more children are placed with the organisation, they will be placed in the same house, which is the case in three of the four houses. Unlike most Children's homes, orphanages and other cluster foster villages the children are not expected to leave at the age of 18. They are encouraged to pursue a tertiary education and can leave when they are emotionally and financially able to do so. The children are encouraged to consider their new home as a long term placement and to view their foster parents as full time parents who they will always have a relationship with. Education is a key focus of the organisation and each child is provided with the opportunity to go to a school that best suits his or her needs. The organisation works in conjunction with the Department of Social Welfare and Population Development as well as with a number of Children Services in KwaZulu Natal in the placement of children into the homes. Due to the fact that these homes are safe, family orientated spaces for the children, the methodology used had to be appropriate for the setting.

The two child care facilities chosen for this study are models which are based on Christian values which form an integral part of running the facilities, as well as in the raising of the children; however they are not classified as faith based organisations

(FBO). The reason for this is that frequently funders and donors prefer not to donate money to a faith based organisation as it may clash with company policy and thus the organisation opted to list as a non-governmental organisation instead (personal correspondence). Both sites depend heavily on funding from organisations both locally and abroad. These donors require accountability and transparency and each organisation is expected to produce an Annual Report which update donors and the public on financials as well as progress and development within the organisation.

5. Gaining Access to Research Sites

Each organisation was approached with a detailed account of the nature of the study and the need for qualitative research on the various non-kin models of care for HIV/AIDS orphans and vulnerable children. Permission was obtained from the relevant gate keepers of each organisation, and consent was obtained from the foster parents, the house mothers and staff members (paid and unpaid) that were interviewed for the purposes of the study. Pseudonyms are provided for each organisation for confidentiality purposes as well as for all individuals included in the study. Gaining access to iSipho Senkosi was relatively easy as I was known to the members of staff, although not to the children.

6. Methodology

Aside from locating and engaging with the relevant published literature which pertained to this study, a desktop study of web-based research and information was necessary to undertake, particularly when searching for information specific to the

South African government in terms of their HIV/AIDS and child care policies. Gray literature, according to Auger (1998) as cited in Cooper *et al* (2009), is literature created by governments, businesses, and academics which is “not controlled by commercial publishers”. For the purposes of this study information created by organisations and programmes that care for vulnerable children and orphans of HIV/AIDS, statistics and general information regarding HIV/AIDS was mainly accessed through the use of the internet and their relevant websites. Academic literature formed the backbone of the literature review in order to contextualise this study with regards to the wide variety of research which has been done regarding the effects of HIV/AIDS on children, families, households and communities in African and South Africa.

The methodology utilised in this study varied between the two child care models due to the different target population that each model services. In order to best understand each model, methodology was employed with the specific aim of gaining the most in-depth information possible, without disrupting the lives of the children living in each facility.

6.1 The Transition Home: iSipho Senkosi

Participant observation (Bernard, 1994), the central method used by anthropologists was used in this setting as participant observation requires the researcher to spend time observing and participating within the research setting. Research in this organisation was conducted over a period of four months in 2008, from September to December, with a minimum of 3 visits per week. Time was spent with the children,

assisting when necessary, while interacting with the house mothers, night nurses, domestic workers and volunteers. Semi-structured one-to-one interviews (Babbie *et al*, 2006) were held with the house mothers, volunteers and staff of the organisation. Due to the resignation of a key staff member, a follow up interview with her replacement was necessary as updates on the children change as each case is officially 'closed' by the social worker or prospective parents are found for children. A closed case means that all avenues for reunification with the biological family have been exhausted and the child is available for adoption by non-relatives. A child can only be adopted once their case is closed. Frequently social workers will be replaced and important documentation lost. At present, only one case is still open at the transition home. There are numerous social workers who work for the state who approach iSipho Senkosi when they have a child who fits the requirements for the organisation. A social worker that works specifically on cases for iSipho Senkosi was interviewed as she was able to give insight into how a transition home operates and how the children come to be placed within the transition homes

6.2 The Cluster Foster Home: Siyaphambili

Participant observation was not used in the research setting due to the family environment in which the children reside and participant observation was considered too intrusive a method. During discussions held with the parents and key staff members at Siyaphambili, it was agreed upon that interviews would be conducted with the parents of each home, stakeholders and relevant staff at Siyaphambili, dependents over the age of 18 (if they wished to participate), and a social worker who dealt with the organisation and the placement of children within the organisation. Due

to the family orientated approach of the organisation, it was not deemed appropriate for participant observation to take place within the family home environment as it would not be beneficial to the children. The foster parents felt that the children were already exposed to members of the public (who brought in donations) and they did not want to perpetuate the notion that the children were 'on display'. The foster parents expressed that they wanted their foster children to grow up in as 'normal' an environment as possible.

The interviews with house parents were mainly semi-structured as there was a clear idea of the themes and issues to approach with each interviewee (Babbie *et al*, 2006). Flexibility is a key aspect of semi structured interviews as it allows the interviewee the opportunity to expand upon themes and engage with further topics relevant to the research that the researcher may not have thought to address. The parents of each family in the organisation were interviewed three or four times and each interview lasted from an hour to an hour and a half. The time spent with this organisation was approximately 6 months in 2009, from March to August. The interviews were taped, with the permission of the interviewees, and transcribed afterwards to ensure the authenticity of the content of the interview. It also enabled the capturing of direct quotes from the interviewees in order to give a true reflection of feeling and emotions. All digitally recorded interviews were transcribed by the author and the information gathered was inserted into a theme based matrix. This allowed for qualitative analysis and the ability to understand the particular intricacies of each organisation. Information gathered through promotional and informational material (such as Annual Reports and news letters) supplied by the organisations was also inserted into the matrix and incorporated into the research findings.

Parent meetings were also attended, when time permitted, and allowed for a greater understanding of how parents are supported at Siyaphambili through the use of instructional DVD's, and are afforded the opportunity to discuss issues, problems and successes with the other parents, as well as with a staff member who is a trained psychologist.

A once-off interview was conducted with one of the co-founders of Siyaphambili, at which their daughter who manages the public relations aspect of the organisation, was present. This interview provided insight into the background of Siyaphambili, the vision behind the organisation and how it has emerged as an organisation whose homes have been approved by the Provincial Head of the Department of Social Welfare and Population Development in KwaZulu Natal.

7. Ethical Considerations

It was agreed upon with both organisations that the children at both research sites would not be included in the study, unless they were considered dependents who were over the age of 18. While interviews were conducted with the parents at the cluster foster home, the children were at school or away from the home. The children at the transition home were too young to understand what the study entailed and were also not included directly in the study, however contact with the children was unavoidable as the children were mostly too young to attend a crèche and were on the property for most of the day. Both organisations and the participants, both adults and children, have been given pseudonyms and their identity concealed in order to protect all research participants. Information on each child was limited to information the

organisation felt they could ethically release so as not to infringe on the privacy of the child. However the information given was sufficient for the needs of the study and helped to determine why each child had been placed in the organisation rather than in the community that he or she had come from.

8. Limitations to Research in the Field

A number of issues were encountered in the field which led to a restructuring of the type of methodology which was utilised. As expressed earlier, each site had to be taken into consideration and the appropriate methodology used in order to obtain the most in-depth information possible. One of the biggest barriers to gaining information from interviewees at Siyaphambili was due to language and culture. While all participants spoke English, *isiZulu* was the mother tongue of two couples. Culture, I felt, also created a barrier in terms of gaining information. Whilst every effort was made to conduct myself in the appropriate manner, age and gender quite possibly made it more difficult to access the type of information I was looking for. Interacting with the *isiZulu* speaking women together with their husbands proved difficult. Both couples were in their sixties and were quite patriarchal in their approach to gender roles. Whilst the wives were included in every interview, the husbands engaged mostly in the conversations, while the wives only occasionally put forth their views or agreed with their husbands.

On a few occasions interview times were not adhered to for various reasons and new times had to be allocated. Organising interviews around the times the children were

not present was another limitation as it meant that Siyaphambili could only be visited in the morning when it was most likely that both parents would be available.

Information pertaining to the background of each child prior to joining Siyaphambili was also limited. Not every child has a full background history and the barest details are known. Details collected relate mainly to the child's place of stay prior to joining Siyaphambili and a few details on why they were living in non-kin care facilities. As the children were not interviewed for this study it is important to consider that it is the thoughts and feelings of the foster parents towards the two non-kin models of care which are captured in this dissertation rather than the views of the children. The views of the children, if interviewed, may well have added a completely new dimension to this research. Interviewing those dependents over 18 years of age also proved difficult as requests were made through the parents. Only one male dependent was interviewed as I could not get in touch with the others even though numerous requests were made to the parents.

The inability to carry out participant observation at Siyaphambili also limited the amount of time spent at the organisation and the opportunity to observe the daily life in each home at Siyaphambili.

While iSipho Senkosi agreed to let me conduct research with their organisation, and in particular with their transition homes, their main concern was to protect the children and to adhere to the Convention on the Rights of the Child (UNICEF, 2008). The co-ordinator was cautious in guarding against the exploitation of children (even through research). Their other main concern was to protect the relationships they have

built with various government agencies with whom they interact, as well as taking care not to damage relationships they have built with communities, non-governmental organisations and individuals involved with child care. The management team at iSipho Senkosi have become wary of the impact of research, more specifically the misinterpretation of research which could ultimately damage the work the organisation carries out. Therefore whilst I was given permission to carry out research, I was asked to limit information which the organisation considered personal, in particular with regards to the children in their care.

iSipho Senkosi is located in the area in which I live, however attempting to interview the housemothers was quite difficult due to the fact that they were generally not at the home during the day as they were often at the clinic with sick children, at the courts with children whose cases were closing or out doing general household chores such as grocery shopping and fetching the older children from school. Due to the fact that it was agreed with iSipho Senkosi that information on both the house parents and children would be kept to a minimum the background information relating to various personalities is limited. This however did not have an over-riding bearing on the model of care, the focus of this research, and thus whilst a limitation did not hinder the outcome of the study.

A lack of response from government organisations and other relevant persons, and organisations of interest, made it difficult to consolidate the latest figures and statistics in terms of adoptions and the abandonment of babies and children in KwaZulu Natal.

9. A Framework for Terminology

Throughout this thesis, specific terms and phrases, regarding race, culture and ethnicity, have been used. It is therefore important for the reader to understand why such words have been chosen, and to bear in mind that these terms are particular to this study. For the purposes of this study, the following terms will be used; Zulu, *isiZulu* and cultural community or origin. When the term ‘Zulu’ is used, it refers to people who consider themselves to be part of the Zulu culture as they speak *isiZulu* and have been raised according to Zulu customs and laws. The term *isiZulu* refers to the language spoken by Zulu people. It is important to make this distinction because not all participants in this study can speak *isiZulu* but they would still be considered as belonging to the Zulu culture due to the fact their biological parents were Zulu. The term ‘cultural community of origin’ is often used in conjunction with children who are perceived to belong to the Zulu culture although they may or may not have been raised as Zulu people. For example children raised in children’s homes, with little or no exposure to the Zulu culture, would still be referred to as Zulu people and there would be an expectation by other Zulu people that they would understand what it means to ‘be’ Zulu, which includes speaking *isiZulu*.

From an anthropological perspective, “being” Zulu would include cultural traits such as speaking a common language (*isiZulu*), engaging in beliefs and cultural practices such as acknowledging the ancestors, and values such as respecting the elders, and identifying with this ethnic identity, which would occur through socialisation within a Zulu community setting. According to de Haas & Zulu (1994), the social construction of the Zulu has been similar to that of any ethnic group who has endured colonialism,

meaning that identity was socially constructed by the colonisers through colonial law. According to de Haas & Zulu (1994) the *isiZulu* language is the primary marker of being able to define oneself as ‘being’ Zulu. The term Zulu has therefore been homogenised in order to incorporate anyone of a black skin who originated in KwaZulu Natal and who can speak *isiZulu*, when in reality, according to Warmelo (cited in de Haas & Zulu, 1994), the “Zulu...belonged to more than 200 independent tribes”. Zulu identity is a topic which has been under debate for some time and most recently has been discussed in a book edited by Carton, Laband and Sithole (2008). Many contributors, of varying academic backgrounds, write about Zulu identity and the various contributing factors of what it means to be Zulu today. Christianity, colonialism, apartheid, Zulu customs and traditions, are just a few of the many topics which are covered by these writers when attempting to understand what it means to ‘be’ Zulu. For the purposes of this study, the term ‘Zulu’ refers to adults who consider themselves as belonging to the Zulu cultural group as they themselves have been raised within a Zulu cultural community and speak *isiZulu*. For the children in the study who have not been raised within a Zulu family or community, their identity rests elsewhere and further research regarding the personal views of the children would need to be carried out in order to ascertain which culture these children identify with.

This introduction has served as an outline for the research carried out in order to qualitatively document two non-kin models of care in KwaZulu Natal, South Africa. The following chapter will explore research which has been conducted by other social scientists in the field of both HIV/AIDS and non-kin models of care for orphaned and

vulnerable children. This will serve as a background to the in-depth investigation of the two non-kin models of care chosen for this thesis.

Chapter Two: Literature Review and Theoretical Framework

1. Background

Much academic research has been carried out in the field of HIV/AIDS and on the plight of orphaned and vulnerable children who are affected by the disease which ravages much of the African continent. The following chapter explores research carried out in areas, such as, care within the extended family and the community and how the South African government (Office of the Premier, 2006; Mabetoa, 2008; South African Government Services, 2009) has aligned itself to the ideology that caring for children affected by HIV/AIDS should ideally be community-centred but has started to acknowledge other forms of care which are being offered to these children. The literature review sets the context for this thesis in that it is evident that very little qualitative research has been carried out concerning the various non-kin models of care offered to orphaned and vulnerable children affected by HIV/AIDS in South Africa. A theoretical framework for this study is explored and two theories, social rupture thesis and social resilience theory, are used to define the nature of the problem faced by many households in South Africa affected by HIV/AIDS.

2. Care within the Extended Family and the Community

It has been widely documented that extended families in African societies have played a pivotal role in the care of orphans and vulnerable children, as well as children who are in need of fostering but whose parents have not died (Madhavan, 2004; Oleke *et al*, 2005; Serra, 2008; Abebe & Aase, 2007; Foster, 2004).

Although orphans and vulnerable children were taken in by the extended family and other traditional role players, such as uncles and aunts (Jackson, 2002; Foster, 2004) prior to HIV/AIDS, the disease has created an overwhelming number of orphaned children who are in need of care, due to the absence of parental figures. Before the virus began to decimate the adult population in Africa, extended families took responsibility for children who were in need of care and whose parents could not provide for them. This was (and is) most commonly referred to as ‘voluntary’ or ‘purposeful’ fostering (Oleke *et al*, 2005; Serra, 2008), defined by Gillespie *et al* (2005: 4) as “arrangements between biological and fostering caregivers to raise children”. Voluntary or purposeful fostering therefore included fostering children who were not in fact orphans but whose families required assistance in some way or was simply a mechanism to strengthen kinship bonds. In many cases children would be sent to a family that was better off either financially or materially, so that they could benefit from skills transferral or could obtain an education. Children would also be sent to families to lend a hand within a particular family context, for example taking on the role of companion to a family member (Oleke *et al*, 2005; Serra, 2008; Beegle *et al*, 2009). This type of situation is mentioned by Abebe & Aase (2007) who refer to children in Ethiopia who traditionally were sent to live with relatives for various reasons which did not include the children being orphaned or impoverished. Oleke *et al* (2005) likewise give an example of voluntary fostering practices in Uganda where children were fostered by extended family members because they belonged to a lineage or kinship group. In this context children were ‘exchanged’ with relatives because it encouraged closer relationships between kin. Oleke *et al* (2005) reveal that children fostered for ‘purposeful’ kinship exchange reasons were not fostered on a permanent basis whereas biologically orphaned children were historically more likely

to be taken in permanently by the extended family. Oleke *et al* (2005: 2628-2629) describe how ‘purposeful’ voluntary fostering has, in the past 30 years, been replaced more commonly by ‘crisis’ fostering. Gillespie (2005: 4) describes crisis fostering as occurring “in response to the death of a biological parents or a major shock”.

Madhavan (2004:1444) asserts that the South African situation, with regards to orphan and child fostering, is not exactly the same as in other regions in Africa, where there is a commonality that can be linked to “the African continent and diaspora”. In the South African context, Madhavan (2004) argues that apartheid resulted in the breakdown of the black South African family structure due to migration and forced segregation in both rural and urban areas. The migration of men to work in the mines saw many families without a male figure head on a permanent basis and children were often taken into foster care, as many mothers worked as domestic workers in urban areas and had to leave their children in rural areas in the care of family members. It is clear then, as illustrated by Gillespie *et al* (2005), that the fostering of children by relatives is not a new scenario for South Africans. While the extended family has played, and continues to play, a significant role in the care and support of orphans, the dissolution or demise of the extended family has engendered a concerned response by many authors for the plight of orphaned children (Guest, 2003; Foster, 2005; Madhavan, 2004). These concerns are linked to two theories which have emerged as a result of HIV/AIDS on the family as a support network for orphans and vulnerable children.

Social resilience theory and social rupture thesis are used to frame this study of models of non-kin care for orphans and vulnerable children affected by HIV/AIDS. A number of authors such as Chirwa (2002), Townsend and Dawes (2004), and Abebe and Aase (2007) have used these theories when considering the ability of the extended family and community to care for orphans and vulnerable children. Social resilience theory and social rupture thesis are included together as they underpin the two main schools of thought regarding the impact of HIV/AIDS on the extended family; that the extended family will remain the first line of support for orphans and vulnerable children and that the extended family will eventually dissolve to the point of no longer being able to care for orphans and vulnerable children and alternative strategies will have to be adopted.

Van Breda (2001) writes extensively on resilience theory which covers a broad range of components within a social context, such as families, individuals, and the work environment. Within the context of this study there are two areas of resilience which are important when considering non-kin care of orphans and vulnerable children affected by HIV/AIDS; the family and the community. Hawley and DeHann (1996) as cited in Van Breda (2001) consider resilience of the family in terms of the family's ability to protect individuals or place them in dangerous situations within the family context. However, according to Van Breda this approach towards the family is simplistic in that the family is reduced to a unit in which an individual resides. In contrast to this, McCubbin and McCubbin (1988) as cited in Van Breda, consider the family as the central structure and individuals as parts of that structure. Social resilience theory identifies the family as the structure in which children reside and in which they are cared for. This theory is explored by authors Abebe and Aase (2007)

and Chirwa (2002), who assert that historically the extended family was the largest contributor towards the care of orphans in Southern Africa and that it will continue to be. These authors emphasise that the extended family will continue to pull through and provide the support that orphans and vulnerable children increasingly find themselves in need of, in light of HIV/AIDS and the premature death of parents. Foster *et al* (2005: 37) believe that the extended family is responding to the crisis by “creatively...devising ways to sustain their initiatives” in caring for and supporting orphans and vulnerable children. Chirwa (2002) purports a similar view when he states that extended families and communities are quick to develop new ways in which to care for orphans in order to keep them within the extended family structure. Chirwa (2002) states that certain factors are considered by families before taking on orphans, such as the age and sex of the child, the financial ability of the family and whether families are willing to take on the children. Most importantly Chirwa (2002) puts forward that although families are adapting to the orphan situation and taking in children when and where they can, this does not imply success, only that the family is resilient in light of the HIV/AIDS pandemic. Abebe and Aase (2007) also suggest that the family and community should be strengthened in order to cope with the orphan crisis. This is the ideology which the South African government puts forward as a response to the vast number of HIV/AIDS orphans in South Africa. This is attempted by offering various social assistance grants and programmatic interventions in an effort to strengthen the family and community so that children will remain in a familiar familial, cultural and spiritual setting (Office of the Premier, 2006; Mabetoa, 2008; South African Government Services, 2009). Foster (2004: 65) talks of the extended family as “the first line of support” for orphans and vulnerable children which highlights the importance of community and extended family in caring for

orphans and vulnerable children. Authors however are divided in their views on whether the extended family can continue to support the sheer volume of orphans who are a result of HIV/AIDS in Africa. Madhavan (2004) cites Ankrah (1993) who states that the extended family may also, while not taking full responsibility, still play a role in the lives of children in child headed households. This role of the extended family is due to the fact that many people on the African continent view caring for orphans and vulnerable children as a social obligation, rather than as a task for a family or individual (Townsend & Dawes, 2004). Ankrah (1993) as cited in Madhavan (2004: 1449) affirms this view by classifying the extended family as a network of ties which “act together in the service of common interests”. Oleke *et al* (2005) likewise stress the importance of the extended family by stating that 90 percent of the responsibility of orphans has been taken on by the extended family. These authors go on to state that the extended family will persist in its role as chief safety net for orphaned and vulnerable children. However, the burden of care often falls to the most vulnerable in communities; the elderly and most frequently to elderly women (Mturi & Nzimande; de la Porte, 2008).

While social resilience theory purports the hardiness of the extended family, it is important to acknowledge that even though the extended family fills the largest role of provider for orphans at present (Foster, 2004; Oleke *et al*, 2005), this will not always be the case, as the HIV/AIDS pandemic continues to ravage Southern Africa. This is already evident when one looks at the number of orphans being cared for outside of the extended family network (Guest, 2003; Meintjes *et al*, 2007), the growing numbers of child headed households (UNICEF, Drew *et al*, 1998), and the increasing number of babies being abandoned by young mothers (Guest, 2003; Independent on

Saturday, 2009; Independent On Line, 2008; Daily News, 2009). According to Guest (2003: 42), “by 2000 an estimated 3000 children were being abandoned annually” in South Africa. This suggests that babies are no longer automatically kept within the safety net of the extended family or community and that neither of these options is considered by young mothers who do not want, or cannot keep, their babies. The very fact that this study investigates two non-kin models of care which offer orphans and vulnerable children care and support outside of the extended family and community, gives a glimpse into the inability of some families and communities to care for the increasing numbers of children orphaned as a result of HIV/AIDS. HIV/AIDS has created a new dimension to foster care within the South African context given the number of children who are predicted to be orphaned as a result of the pandemic (Desmond *et al*, 2002; Bradshaw *et al*, 2002; Foster, 2004).

Coupled with migration, the impact of urbanisation on the extended family cannot be ignored because it irrevocably changed the family structure from traditionally extended family units to nuclear units (Foster, 2000), as well as child headed and female headed households. Families are now spread over both rural and urban areas and kin support bonds are no longer as strong as they were prior to urbanisation becoming a permanent feature in South Africa (Swart, 1998 as cited in Le Roux, 1996; Jones, 1992). In the context of HIV/AIDS, in rural areas, orphaned children are either absorbed naturally into extended families, are left to fend for themselves, or with some community input, remain in the parental home forming a child headed household scenario (UNICEF, Drew *et al*, 1998). In an urban setting the extended family is immediately reduced as not all members of the family would be living in the city; some would remain in the rural areas. In the event that children are orphaned in

an urban or city context, the question is whether they are sent to the extended family in the rural areas, or whether they are absorbed into care facilities offered in the cities.

In light of these changing patterns of care, the theory of social rupture thesis, when played out in the context of HIV/AIDS, reveals how the disease has contributed to the erosion of the extended family and its ability to care for orphaned children. As adult deaths increase due to the disease more children will be forced to care for themselves without adult supervision and care (Oleke, 2005) unless alternative arrangements are made, which may not include the relatives of these children. This collapse of the extended family safety net can be seen in what is called the 'missing generation'; where the productive generation, that of parents, uncles and aunts, have died of the virus and are no longer a contributing factor within the household, be it financially or materially (Desmond *et al*, n.d; Foster *et al*, 2005; Abebe & Aase, 2007). Financial stress is commonly felt by families dealing with HIV/AIDS related deaths and the expectation to absorb orphans and vulnerable children who are left without adult supervision exacerbates the problem.

Chirwa (2002) explains how role reversal between children and adults take place as children are expected to take on the chores and responsibilities of adults who can no longer fill their role as provider, be it materially or emotionally. Girl children are often removed from school to look after their young siblings while their mother cares for her dying husband and/or relatives who are infected with HIV/AIDS (Abebe, 2009; Foster, 2004). Children feel the impact of HIV/AIDS on many levels; emotionally through the ill-health and eventual death of parents, socially through the stigma often related to a household infected with the virus, and physically through

malnourishment. As social rupture thesis asserts, the family begins to weaken and dissolve and children are often the ones to endure the greatest hardships (Chirwa, 2002).

When considering non-kin models of care for children in need of care and supervision outside of the extended family set up, there is often concern related to the psychosocial well being of the children within these institutions. Research (Jackson, 2002; Mientjes, H. *et al*, 2007; Mientjes, B., 2009) has shown that children who grow up in institutional care are often negatively impacted upon and the international child welfare sector has gone as far as to say that residential care does not uphold the principles of the UN Convention on the Rights of the Child (Meintjes *et al*, 2007). However, if one considers the extreme poverty which many families experience in Africa, and the lack of basic infrastructure such as running water and electricity, one must consider whether children who find themselves in the care of extended families and communities are not also experiencing a lack of basic rights. The UN Convention on the Rights of the Child (UNICEF, 2008) states that children have the right to: survival, full development, protection from, for example, abuse and exploitation, and the ability to partake in family, cultural and social life. Non-discrimination and human dignity are key aspects of the Convention. While research has show that residential care facilities do not meet all the needs of the children in their care, in particular the rights to full participation within their own family and culture, their basic needs are met (Meintjes *et al*, 2007). The question may be whether children in state or institutional care have needs met that are not being met within the extended family and vice versa. For example, in many African countries, in particular in rural areas in

South Africa, children may not have access to health care and education, but they are part of a family which is culturally and spiritually relevant to them.

While Social Rupture thesis and Social Resilience theory are used to assess the extent of the dissolution of the extended family, grounded theory has been used to explore particular care-giving scenarios within care facilities where there is a noted absence of kin-based support. Grounded theory is an approach created by Strauss and Glaser in the 1960's, which pertains to the generation of theory through the analysing of qualitative research. Grounded theory thus allows for the creation of theory in contexts where current theory is not completely suitable (Strauss and Corbin, 1999). As there is no specific theory which completely gives a true understanding of the nuances of non-kin care and support structures offered to orphaned children, it is important to attempt to add to possible theories which would deal with this scenario. Based on my research conducted in the two organisations, the theory of Social Constructivism has been used to explore the way in which children within institutional care settings create another form of identity based on the culture of the environment to which they have been exposed. Children within institutional care environments are socialised into the culture of that environment, just as any person is socialised into a cultural setting, through learning, sharing and integration (Kottack, 2006). Social constructivists look at the way in which people construct knowledge within a particular social environment. People are able to negotiate artefacts and meanings in order to understand each other, based on their shared knowledge of those things (Kukla, 2000; Ernest, 1999).

3. Factors Contributing Towards the Dissolution of the Extended Family

Having explored the theories relation to the dissolution of the extended family, or the lack thereof, this section outlines the key reasons frequently cited for the apparent dissolution. Mturi & Nzimande (2006) conducted research on the changing patterns of families in South Africa and how HIV/AIDS, along with poverty and migration, have exacerbated these changes. The demise of the extended family in the South African context can be linked to a number of factors, such as:

1. the sheer volume of orphans as a result of HIV/AIDS (Atobrah, 2004; Foster, 2004, 2004; Beegle *et al*, 2009),
2. the financial burden that HIV/AIDS creates as it ravages families and how this financial burden is exacerbated by global economic conditions (Commission of HIV/AIDS and Governance in Africa, n.d; Desmond *et al*, 2000),
3. the death of traditional caregivers, such as uncles and aunts (Foster, 2004), which has resulted in the creation of skip generation families whereby the middle generation is now absent. It is this generation that would traditionally care for orphans and vulnerable children (Mturi & Nzimande, 2006).

In light of these changing family patterns which undeniably still offer support and care to orphaned and vulnerable children (Foster, 2004; Oleke *et al*, 2005), there is a need for alternative measures to be explored as children are clearly falling outside of the safety net of the family. Research carried out by the General Household Survey (as cited by the Children's Institute, n.d), asserts that only 27% of maternal orphans live with their father after their mother's death, in contrast to the 71% of paternal

orphans who live with their mothers. This reveals that traditional care of children is no longer following the customary patterns of child care in black extended families, as well as the implication that many children do not know who their paternity resides with (Abebe & Aase, 2007). The many orphanages, children's homes, cluster foster villages (to name but a few organisations) evident in South Africa, speak to the fact that the responsibility for children in need of care and support is starting to fall outside of the extended family. A report generated by CINDI (2000), a networking organisation for children affected by AIDS, noted as far back as 1995 that although vulnerable children were absorbed into the extended family, poorer communities were struggling with the financial burden of supporting these children and would need external help in order to continue caring for orphans.

4. HIV/AIDS, Poverty and the Household

Many communities in Africa have felt the effects of poverty, and while in the past families were able to negotiate financial constraints; the addition of extra mouths to feed has only served to further decimate financial and material stores. Caring for the sick also places financial strain on families affected by HIV/AIDS. Caregivers often take time off work or stop working in order to care for the infected member of the household (Commission of HIV/AIDS and Governance in Africa, n.d). This means that a second income is sacrificed due to HIV/AIDS. We know that girl children and women are the most affected due to the role they play in caring for the sick, as well as for siblings (Ndiaye, 2002). Children often lose out on adequate food, as it is given to the sick member of the family, and their education suffers as money is spent on health care and food, rather than school fees (Commission of HIV/AIDS and Governance in

Africa, n.d). Atobrah (2004) further brings to our attention that orphaned children, in the context of traditional care made available, are often not always provided for on a social, emotional and physical level. Many families suffering from the effects of HIV/AIDS are also attempting to deal with their own emotional and physical issues and the addition of orphaned children to households can create a further burden on a family (Mturi & Nzimande, 2006). Guest (2003), Foster (2005) and Madhavan (2004) refer to the fact that orphaned children are sometimes not treated in the same manner as the biological children of the family they are placed with. Negative aspects of orphanhood are mentioned by Oleke *et al* (2005) where the authors talk of orphans being expected to work hard and to assume positions of less value than biological children. However, Foster (2004), while acknowledging that orphaned children are sometimes treated with less care than biological children, states that “relatives go to considerable lengths to keep orphans in school, including borrowing money through informal networks and selling their own assets”.

Most rural and peri-urban households experience a shortage of money in general with the scarcity of jobs. The productive male members of the family often leave their homes and move to the city or other areas where work can be found. Those left in the rural or peri-urban areas are usually women, children and the elderly. Sadly it is usually these productive members of the family, both men and women, who are often infected with the virus and eventually are no longer able to work and therefore do not bring in any money while also depleting what money the family possesses for health care purposes. Poverty plays a crucial role in the often immediate death of HIV/AIDS sufferers. This is largely due to the lack of nutritious food and the inability to pay for medicine. Drimie (2002: 7) explains that poverty is an aggravator of HIV/AIDS

infection rather than the main driver behind the epidemic. For instance South Africa and Botswana experience a relatively stable economy and are economically more developed than most African countries yet have the highest HIV/AIDS prevalence in Africa. In South Africa the obvious disparity between rich and poor plays a crucial role in HIV/AIDS management and treatment. Drimie (2002) looks at the issues that rural and peri-urban households face due to the impact of HIV/AIDS. The devastation that most of these households face due to losing the most productive members (both financially and physically productive) because of HIV/AIDS can be seen in the poverty experienced. Those productive members, once they have become too sick to work, also drain what financial security the family had (such as cattle or household assets) in order to pay for medication and more nutritious food. This poverty cycle is often continued, as resultant orphans and communities are not able to lift themselves out of this dire situation. Government has recognised these issues faced by many households in South Africa and social assistance grants have been of some benefit to these households.

5. Government Response and Intervention

A document developed by the Department of Social Development, the Policy Framework for Orphans and Other Children Made Vulnerable by HIV/AIDS in South Africa (2005: 8), introduces the six development strategies that government puts forward as a response to the orphan and vulnerable children crisis that the country faces due to HIV/AIDS:

1. Strengthen and support the *capacity of families* to protect and care.

2. Mobilise and strengthen *community-based responses* for the care, support and protection of orphans and other children made vulnerable by HIV and AIDS.
3. Ensure that legislation, policy; strategies and programmes are in place to protect *the most vulnerable children*.
4. Assure access for orphans and children made vulnerable by HIV and AIDS to *essential services*.
5. *Raise awareness and advocate for the* creation of a supportive environment for OVC (orphan and vulnerable children).
6. *Engage the civil society sector and business community* in playing an active role to support the plight of orphans and children made vulnerable by HIV and AIDS.

These six strategies are heavily weighted towards community involvement and interaction, which has been the basis of government's response to the plight of orphans and vulnerable children, which are predominantly a result of HIV/AIDS. The ideal situation that the South African government would like to engender is that children are cared for and supported within their own communities. However, there is recognition of the fact that at some point households will come under strain due to the affects of HIV/AIDS on families, and households will require external assistance in the form of programme interventions. This would include identifying child headed households which are a result of the death of care givers with the consequence that children live without parental or immediate adult care. The needs of these children should be addressed as soon as possible and the required support and care should be provided to them. Other interventions would include assisting existing families in becoming economically secure through "social security safety nets and food security" (2005: 39). As individual households begin to experience severe consequences of

HIV/AIDS, such as the loss of parents, breadwinners and traditional caregivers, so too does the community at large. Therefore external support is also required to assist the community in its response to the scale of the impact of the disease.

5.1 Social Assistance Grants

Social Assistance Grants are a much depended upon resource in South Africa, particularly in rural areas where poverty and lack of employment makes life difficult and the addition of orphan and vulnerable children places strain on homes with limited resources (Statistics South Africa, 2009). The financial struggle faced by many households and communities in caring for children is acknowledged by the South African Government in the form of social grants for individuals who are caring for these children. Social Assistance Grants are set monthly amounts which are paid out to recipients who match criteria for qualification to receive grants. There are three main types of grants available to the public if they are in need of assistance in raising children (South African Government Services, 2009). The Child Support Grant is a R240 grant which is available to the primary care giver, such as a parent or grandparent of a child, to meet the basic needs of the child while under the age of 15. In 2008, over 8.3 million Child Support Grants were accessed by South Africans (Skweyiya, 2008). The Foster Child Grant is a R680 grant available to a foster parent or parents who have been given foster care status by the courts of South Africa. In 2008, 494 992 children were in foster care and each was a recipient of a foster care grant (Skweyiya, 2008). The Care Dependency Grant of R1010 is available to the care giver of a child with a severe mental or physical disability. A medical report of the child's disability must be submitted for assessment in order to access the grant.

The child support grant has a positive effect not only on the child in question, but also for the family as a whole as all family members can benefit, even if only in small ways. According to Statistics South Africa (2009), the introduction of the child support grant to children under the age of 15 has led to a marked increase in the access of social assistance grants. Between 2003 and 2007 a comparison was made between homes that received grants and those that did not. Emerging from this study was that homes which received grants had far more children as well as other household members living together; the social assistance grants seemingly enhances the capacity of households to care for children.

The South African government has also put into effect a policy which states that schools must allow parents an exemption from paying school fees if they are not able to do so and if certain criteria are met by the parents (those who cannot afford to pay school fees) or children (such as if a child receives social grants; children who live in child-headed households; and children who have been abandoned) (Proudlock & Mahery, 2006). Children who are not living with their biological parents due to abandonment or orphan status, children placed in non-kin models of care, such as foster care or orphanages, children living in child headed households and children who receive social assistance grants, are all exempt from paying school fees. However, as Proudlock and Mahery (2006) explain, many schools do not implement this fee-exemption policy because government rarely compensates schools for loss of income generated by fee-exemptions.

Various state and civil society structures have been called to equip and support communities as they come to grips with the volume of orphans of HIV/AIDS. The state has given itself the responsibility of creating a national framework for the

“advancement and coordination of children’s rights” (Department of Social Development, 2005: 21), as well as promoting children’s rights, ensuring that children are a priority in both planning and policy creation and finally in monitoring and evaluating programmes which have been an outcome of their approach to these issues. The Department of Social Development is largely responsible for the mobilisation, support and capacity building of communities in response to the crisis, as well as monitoring whether communities are in fact able to cope. Various other departments such as the Department of Justice, the Department of Education and the Department of Health (to mention a few), are all responsible on various levels for the outworking of the South African Government to children affected by HIV/AIDS.

The Government (Department of Social Development, 2005) also calls on non-profit organisations, faith based organisations and community based organisations to play their part in assisting in identification of children affected by HIV/AIDS and assisting the family and community in becoming sufficiently able to address the needs of these children on an economic, psychological and spiritual level. The Department of Social Development also consider the various placement options available to orphaned and vulnerable children who cannot be placed within their family or community context.

5.2 Placing Children in Non-Kin Care Scenarios

According to Mabetoa (2008), from the Department of Social Development, non-kin care is only an option for children in distress while attempts are made to reunify children with their family. The preference would be for the child to remain within the family or an environment in which the child is comfortable and only if this is not possible would a legal alternative be considered. Non-kin care options for children

includes foster care which incorporates expanded foster care, whereby a child is placed with a non-relative or within a cluster foster care environment, whereby a child will be placed in a family type scenario with up to five other children in need of care. A cluster foster care scenario is not a state initiative but is run by a non-profit organisation which receives the foster care grant on behalf of the child and provides the child with care and support. Government regards the cluster foster care model, which operates within a particular community rather than outside the community in a facility style setting, as a community intervention whereby the child is living in a household within its own community, in order to preserve the culture and religion of the child. According to the Deputy Minister of Social Development, Mr Dlamini (2009), there are 487 000 children in foster care placements in South Africa. Kinship care is however a response to the orphan and vulnerable children crisis that the South African government is particularly in favour of. As mentioned by Mabetoa (2008), children are best kept within their own extended family and community environment; only under extreme circumstances should children be placed in non-relative or institutional care. The Department of Social Development asserts that, while a necessary model of care, non-kin foster care is not an ideal situation for children to be placed in and the Department would prefer to see an increase in adoptions taking place in South Africa.

Adoption is a permanent measure whereby children are placed with an appropriate family and considered part of that family for the long term, whereas fostering is a short term solution which needs to be reassessed every two years by the children's courts. Adoption amongst black South African's has not been popular in the past and indeed is not a first option for many families. Numerous reasons have been put

forward as to why adoption amongst black communities is relatively low, some of which include: stigma surrounding infertility amongst young black women (personal correspondence with a social worker), issues pertaining to ancestry and knowing a child's lineage (Jackson, 2009), lack of knowledge amongst black South African's pertaining to their rights to adopt, and the fact that the current economic climate does not lend itself to further responsibilities and financial strain on families (Smith, 2008). Adoption rates in South Africa are relatively low and when faced with the sheer volume of children placed in foster care currently, it is evident that alternative measures will need to be investigated.

According to the Minister of Social Development, Dr Skweyiya (2008), in response to the overwhelming number of children, 487 000, currently in foster care placements and the drop in adoptions nationally (Skweyiya, 2008), it is necessary to investigate the various non-kin models of care that are available to these children in South Africa.

6. Literature on Non-Kin Models of Care

Qualitative literature pertaining to non-kin models of care for orphans and vulnerable children is limited; few qualitative and in-depth accounts were found and literature relating to community based models of care was prolific in comparison. Russell & Schneider (2000) give examples of how orphans can be placed within the community; within the extended family, within child-headed households, within cluster foster care scenarios and by positioning an adult within a home of orphaned children in order to provide adult supervision and care. However, Russell & Schneider (2000) do not provide a qualitative, in-depth depiction of experiences of children and caregivers.

Guest (2003) and Phiri and Tolfree (2005), like much of the literature mentioned in the South African Government's response to orphans and vulnerable children of HIV/AIDS, reiterate the importance of the extended family and the role assumed by family members for orphaned and vulnerable children. However, Phiri and Tolfree (2005) make mention of the fact that in certain cases, if communities are perceived to be unable to cope with the influx of orphans and vulnerable children, then placing children in institutions is the next best option. This said, adoption or fostering of children by non-kin is not always seen as an option for orphans as this might lead to the ill-treatment and exploitation of the child and this reasoning is used to justify placing children in state run institutions. Phiri and Tolfree (2005) go as far as to say that donors are often more ready to fund institutions as it allows them to monitor their contributions and input on the development of children within the institution.

However, much has been written which states that family or family centred models of care are of primary benefit to children while state or residential care is not the best option for orphaned and vulnerable children; the basis for this argument being that children thrive better when there is a biological relationship between the child and the care giver (Wakhweya *et al*, 2008; Madhavan & DeRose, 2008; Meintjes *et al*, 2007).

Although residential care does not feature as an example of non-kin care for orphans and vulnerable children in this study, it has been explored by Meintjes *et al* (2007) in response to the lack of relevant information pertaining to residential care in South Africa, with the aim of contributing towards policy developments in response to the Children's Act of 2005. The research by Meintjes *et al* (2007) is an in-depth investigation into several types of residential care in South Africa such as the type of children who are placed in residential care, whether the homes are legally recognised,

the type of care offered to children, the role of adults within the home, and whether life in a residential care home prepares children for a life outside of the home. The authors used four research sites around the country in which the various homes were placed. In total the study involved thirty four residential homes employing various models of care. This variety of care within residential care homes is of importance when one considers national and international policy relating to the care of children. The South African government has specific laws and regulations which must be put into effect by residential care facilities, however, it is clear from anecdotal information collected during this study that these laws are often restrictive and many children's homes, community based or other, are often not able to meet these requirements. The investigation of the thirty four homes displays a wide cross section of care which is being offered to orphaned and vulnerable children in South Africa. The authors contend that the current and future registration criteria which community based residential care homes must meet hinders the likelihood of raising children in less-institutionalised settings. According to Meintjes *et al* (2007) the state makes it difficult for non-registered homes to become legal entities yet continues to place children within the care of these unregistered homes. Alternatively, homes are shut down and barred from providing care for children because they do not meet the state's requirements, yet the social services are overburdened and often unable to cope or assist children by finding placements for them.

Qualitative research conducted by Guest (2003) with relation to institutional care for children provides an insider's view to running a residential care home for children and the challenges faced by these institutions. One of the challenges of placing a child in a residential care home, such as an institution, is that residential homes are often the last

resort for children and they remain within the home until the age of 18. The reason given to Guest, by Cape Town Child Welfare, for children remaining in institutions, rather than being placed with foster or adoptive parents, was that social workers are overwhelmed by the large numbers of children in need of placement. Accordingly, once a child is placed, albeit in an institution, social workers move on to the next child in need of placement. As expressed earlier by the Minister of Social Development, Dr Zola Skweyiya, 157 000 foster care cases had yet to be finalised in October 2008. All of these children require a home and someone to take on the responsibility for them. Another challenge faced by children's homes is financially motivated. Children's homes are expensive to run and the stipend given by the South African government to each child in a home, at the time of this study, was significantly more than the foster care grant. According to Cape Town Child Welfare (Guest, 2003), this is a reason why government is not enthusiastic about residential care homes and prefers to keep children within their community in the care of the extended family and the community itself.

Colby-Newton (2006) provides an evaluation of three organisations using the cluster foster model of care in the South African context. All three organisations are based in KwaZulu Natal and the study attempts to provide a holistic view of each organisation from the way in which each organisation functions on a structural level to the role of individuals, such as house mothers and volunteers, who provide care to the children placed within these organisations. This is an undergraduate paper and the author professes only that one reads it "as a narrow view of the cluster foster care system and its implementation in the above organisations filtered through my own biases, not as an attempt as a comprehensive objective study" (2006: 9). However, this is one of the

few qualitative papers to be found on the cluster foster model of care within the South African context and it has a place in contributing towards the body of knowledge pertaining to non-kin models of care in South Africa.

Much like authors such as Meintjes *et al* (2007), Wakhweya *et al* (2008) and Madhavan & DeRose (2008) have raised concerns regarding the benefits of residential care to children, the cluster foster system, according to Colby-Newtown (2006), has also raised concern amongst child care experts in KwaZulu Natal with regards to benefits towards children in the care of such organisations. This chapter sought to outline both the literature which has been written in relation to the care of orphaned and vulnerable children affected by HIV/AIDS, as well as the South African government's response to children affected by HIV/AIDS. By virtue of the South African government's response, which has been to assist families mainly through social grants, social rupture thesis is a pertinent theory in describing the South African context which has seen the extended family come under financial and emotional strain due to the inordinate number of children who are in need of care.

Chapters three and four describe the two non-kin models of care which were chosen for this study. As expressed in the literature pertaining to non-kin models of care, these two organisations offer orphaned and vulnerable children who have not been absorbed into the extended family setting, an opportunity to be cared for, as well as, in the case of iSipho Senkosi, the potential to be adopted into a family unit. The organisations are two distinct models of non-kin care which have become prolific in South Africa.

Chapter Three: iSipho Senkosi

1. Background

The area of Durban in which iSipho Senkosi is based, near an informal settlement in central Durban, has a history which extends back to the mid 1800's. In the early to mid 1900's the land was rented out to Indian people who used the land to grow vegetables which they sold to local markets. At this time, a small number of black South Africans were living in shacks on the land but once the area was incorporated into the Durban Municipality, the black people were considered to be unlawfully occupying the land as 'shack' settlements were illegal at that time in South Africa. However, they were not forced to leave the area and Indian South African's began to rent out their land to black people, rather than farm it. They also began to invest in infrastructure in the area and opened shops and transport systems. By the 1950's the black population had reached around 45 000 people. The area was affected by political violence and unrest during the 1950's and 1960's and in 1968 the entire area was vacated. It was only in the early 1990's that part of the area became an informal settlement due to the migration of many people from rural areas in search of work. It is this area in which iSipho Senkosi operates out of, however it is not the only area it services and the children who currently live at iSipho Senkosi have come from various areas in and around Durban.

iSipho Senkosi was formed as a response to the HIV/AIDS epidemic in KwaZulu Natal. The founder of iSipho Senkosi, Leah, is both a doctor and a researcher. While Leah was working in a local clinic in the area in which iSipho Senkosi is situated, she

felt that there were two main areas which HIV/AIDS most affected; firstly, orphaned and vulnerable children, and secondly, young mothers who were both pregnant and HIV positive. Through her work Leah often came into contact with mothers who were sick with the HI virus and their main concern was to find someone who would take care of their children when they passed away. Leah felt that there was a need to ensure that these mothers would be secure in the knowledge that their children would be taken care of and the idea of setting up a transition home was born. The transition home, as a model of non-kin care, was decided upon because Leah did not want the children to become absorbed into residential care homes or places of safety, many of which she had visited prior to setting up iSipho Senkosi. The transition home was to be a family environment that the children could live in while adoptive parents were sought; adoption of the children being the end goal in Leah's plan (personal correspondence with the iSipho Senkosi co-ordinator).

iSipho Senkosi is thus an organisation which *“seeks to impact the lives of children and young people in Durban whose futures are being threatened by HIV/ADS”* and the organisation operates in three main spheres: an HIV prevention programme, a family integration programme operating from a transition home, and a breast milk bank. These three main spheres have evidently risen out of Leah's plan for the organisation. The HIV prevention programme is aimed at the youth who live in and around the informal settlement, and attempts to reduce the spread of HIV/AIDS through 'behavioural change' interventions which are based in the schools in the area. It was the second group of people Leah often encountered, the young pregnant mothers, as well as youth in general, who inspired this HIV/AIDS prevention programme. Leah felt the youth would benefit from a programme which would help

them to realise their 'destiny', or achieve a destiny free of HIV/AIDS and negative choices. For iSipho Senkosi, the notion of 'destiny' plays a crucial part in what they hope to achieve. 'Destiny' is simply an achievable positive goal, such as getting a job, or getting married (personal correspondence with the iSipho Senkosi co-ordinator). Teachers, from the local schools, and caregivers from the area, attend programmes to help the children with behaviour modification strategies to prevent HIV/AIDS. The programmes, run at the schools, are aimed at teaching the youth about self-respect and considering abstinence as an HIV/AIDS prevention strategy. The breast milk bank is a crucial intervention for babies who live in the iSipho Senkosi homes, as well as for babies at a number of organisations which receive breast milk from the breast milk bank. Breast feeding mothers, who have been medically cleared to donate milk, express excess breast milk, on a voluntary basis, and donate it to the breast milk bank, which is situated on the iSipho Senkosi premises. Babies in the two homes at iSipho Senkosi benefit from breast milk feeds, rather than formula as breast milk is considered to be far superior for babies, in particular those who are HIV positive (Coovadia, 2009).

The transition home, the research site for this study, runs what is called the family integration programme. A social worker for iSipho Senkosi screens potential adoptive parents and then facilitates the adoption process. The fact that iSipho Senkosi has a dedicated social worker, who works off-site, means that the adoption process is significantly hastened. As a non-government social worker she is not faced with the large number of cases that government social workers have to contend with (personal correspondence with the social worker affiliated to iSipho Senkosi). Children at iSipho Senkosi are available for adoption by single mothers (as yet no single men

have come forward to apply for adoption through iSipho Senkosi) as well as by people in foreign countries. International adoptions are facilitated by the welfare department that initially placed the child at iSipho Senkosi. iSipho Senkosi facilitates international adoptions if local adoptive parents are not found for the children in their care. Recently three of their children were adopted by two couples in Denmark; one couple taking two siblings. While local adoptions are preferred by government and social services, national adoption rates have dropped and many children are remaining in residential and institutional care facilities. In the financial year 2006-07 there were 2055 national adoptions while 2007/08 saw a drop of 373 adoptions, with only 1682 children being adopted nationally. International adoptions also dropped from 260 in 2006/07 to 231 in 2007/08 (Skweyiya, 2008). According to a South African adoption agency (www.adoptionsa.co.za) the drop in adoptions can be attributed to a number of factors, such as South Africa's socio-economic environment, the legalisation of abortion in South Africa which saw approximately 50 000 abortions occurring in 2007 (van Der Post, 2007), and the emergence of the rights of biological fathers to their children.

Not all children from iSipho Senkosi are adopted; some may move into foster care with selected foster care parents. Foster parents are screened by the social workers who work for the various welfare departments in Durban. A crucial criterion of iSipho Senkosi is that children at iSipho Senkosi are not able to return to their extended family setting and therefore must either be adopted or fostered. Initially children who were brought to the transition home also had the option of being reunited with family members, however, social workers are now asked to investigate whether children can be reunified with extended family members, and only if this is not a possibility, are

they then accepted into the care of iSipho Senkosi. There are of course, at times, exceptions to this rule.

When looking for extended family members, social workers must exhaust all options; if extended family members are found but are not willing to care for the child, then other extended family members must be approached. The father of the child is supposedly a top priority in reunifying the child with family. If the mother of the child died or abandoned the child and the father is known, then he is approached by the social worker to care for the child. However, according to a social worker affiliated to iSipho Senkosi, sometimes finding the father is difficult as the mother may not know who the father is, she may not want to disclose the name of the father, for various reasons, or she may be afraid to tell the father of the child of his child's existence. The social worker however pointed out that government social workers have a very high case load and often do not have the resources or time to investigate the whereabouts of the child's extended family. In theory a social worker would have to gain permission from extended family members in order for the child to be placed for adoption; however this does not always happen. When a government social worker contacts iSipho Senkosi with a baby in need of care, they must follow procedure which involves the tracing of family members and the advertisement of the baby's photograph and particulars in the local papers, such as Isolezwe and Ilanga. If they are successful the baby is reunified with the family, if they are not successful then the social worker will contact iSipho Senkosi. iSipho Senkosi will then take full responsibility for placing children for adoption or fostering. Previously, children would be placed at the transition home and social workers would approach the home once the extended family had been located or foster or adoptive parents had been

found. This change in policy came about due to a few traumatic experiences of prospective adoptive parents who had formed a bond with a particular child only to be informed by social workers that adoptive parents for the child had been found and that the parents identified by the social worker would take precedence over the ones found by iSipho Senkosi.

iSipho Senkosi states that while they recognise community-based approaches to orphan care to be more desirable by government, the fact remains that the communities who suffer most from the ravages of HIV/AIDS, are not able to cope with the vast numbers of orphans. Therefore while iSipho Senkosi is situated virtually next door to the informal settlement from which some of the current babies have come, it does not rely on the community for funding or resources. iSipho Senkosi is a non-profit organisation and a public benefit organisation, it is also registered with the Department of Social Development. iSipho Senkosi relies on funding to implement the HIV/AIDS prevention programmes and to keep the transition homes in running order. Long-term partnerships with organisations which iSipho Senkosi terms as ‘financial partners’ are integral to the longevity of the organisation. Of these five major financial partners, three are international. Corporate donors, both local and international, were added to the donor list in 2008. According to the co-ordinator, many local companies enjoy donating to iSipho Senkosi because they can see that the money they donate is making a “*substantial impact*”. The new transition home, which was opened in 2008, was made possible by one of the donor companies which purchased the property next door to iSipho Senkosi, and the house was refurbished to accommodate six children and their care giver. Private donations also play a role in assisting the organisation in keeping its doors open and programmes running. In terms

of the cost of running the transition homes, iSipho Senkosi's co-ordinator mused that the costs were no more expensive than the running of a conventional family home which includes six children. iSipho Senkosi does not have overheads and any major administration costs and the most expensive part of running the home is related to consumerables; nappies in particular.

The organisation is based on a Christian approach and the children are raised as Christians; they are exposed to Christian norms and values as well as educational resources, such as DVD's, books and Christian sing-a-long CDs. Many of the volunteers at iSipho Senkosi come from local churches, and specifically from the church to which iSipho Senkosi is affiliated and which the house mothers and children attend on a Sunday. Regardless of their Christian foundation and the Christian upbringing to which the children are exposed while living at iSipho Senkosi, children may be adopted by parents of any religion, or indeed by parents who do not practice or belong to a particular religion.

2. Model of Care

The transition home is comprised of two homes which accommodate six children each. Each house is run by a house mother who, with the help of a domestic worker and a night nurse, cares for the children. The two homes sit side-by-side on a plot of land and share a communal play area for the children. While this set up is similar to a cluster/foster village system, the children at iSipho Senkosi are unlikely to stay in the homes past their fourth birthday as ideally they will be adopted into a permanent family environment.

iSipho Senkosi takes in abandoned new born babies and babies and children, usually up to the age of three. As a transition home it is hoped that the children will be adopted or fostered in a relatively short space of time as the homes are not a long term solution to the orphan and abandoned baby crisis being experienced in South Africa. While it is hoped that children will be adopted or fostered, at present there are three children who have reached the age of four years and have not been adopted. The three children have been living at iSipho Senkosi for nearly three years.

A transition home quite simply offers children a home environment in which to grow whilst they are waiting to be adopted. It is not meant to be a long term solution nor is it a short term solution for children in crisis. Occasionally children will come to iSipho Senkosi on a short term basis for various reasons, for example a sick care giver may be temporarily unable to care for the child, but the children who come to stay at iSipho Senkosi have predominantly been abandoned by their mothers, or their mothers have died, and extended family members are either not forthcoming or are unwilling or unable to care for the children. As opposed to a children's home, which accommodates larger numbers of children, iSipho Senkosi gives children the chance to spend more quality time with a care giver who is not over-stretched by the large numbers of children in her care. For example at Durban Children's Home, sixty children (aged between 2 to 18 years) live in three houses (www.dch.org.za), while at iSipho Senkosi twelve children live in two houses.

iSipho Senkosi takes children who are HIV positive as well as negative. At the time of the study three of the thirteen children were HIV positive. HIV positive children are treated in the same way as the HIV negative children, and care is taken with all

children when administering medications, changing nappies and cleaning cuts and sores. Only one child was on anti-retroviral medication at the time of the study, the other HIV positive children had not yet required anti-retroviral treatment which is decided upon in consultation with the children's doctor. Only the house mothers, administration staff and house staff are aware of the children's HIV status in order to reduce stigma and to respect the privacy of the child. The administration of medication is taken care of by the house mothers only.

The other staff members who help out at iSipho Senkosi consist of two domestic workers, Pumi and Zama, and a night nurse, Sarah, who assists the house mothers with caring for the babies during the night so that the house mothers are able to rest. Both Pumi and Zama are *isiZulu* speaking and are a valuable resource for teaching the children to speak *isiZulu* as the women tend to talk to the children in *isiZulu* rather than in English. Sarah is married to Leon the 'handy man' at iSipho Senkosi. Leon plays a crucial role as a male figure in the lives of the children, in particular the older children. There are very few male volunteers or staff members at iSipho Senkosi and Leon fulfils the role of male role model to a degree. Part of Leon's job description is to spend time playing with the children in order to provide them a male with whom they can interact.

3. Volunteers

Volunteers form an integral part of the running of the transition homes at iSipho Senkosi. As the house mothers are often extremely busy taking children to the clinic, attending a court hearing for a child's case, grocery shopping and attending to all the

other daily chores a mother is involved with, volunteers help to carry the load. The role of a volunteer is to look after and assist with feeding and nappy changes, and of course playing with the children.

Before a person can become a volunteer at the transition home they are expected to read through a volunteer's manual which is explicit in its instructions in the care of children at iSipho Senkosi. Instructions include the preparation of bottles and the correct manner in which to feed a child, changing nappies and the bathing of children. Volunteers do not have the authority to discipline children and are encouraged to report any bad or odd behaviour to the house mothers. The volunteers really serve to care for the children and provide them with as much positive stimulation as possible.

As a general rule, the HIV status of each child is not made known to the volunteers. Each child should be cared for and looked after equally and rules pertaining to hygiene and cleanliness apply to all children. When changing nappies, volunteers are expected to use disposable gloves and to dispose of nappies, and soiled items, in the correct manner, which is clearly stipulated in the volunteers' manual.

Volunteers include foreign exchange students who require volunteer work as part of their study programme, people who express an interest in spending time with the children, as well as doctors who offer their services for free. A local junior school runs an after school social responsibility programme and iSipho Senkosi is their chosen organisation to help for the school term. Some volunteers come in for a few hours a week whilst others will take the children on outings or have them to stay for the weekend. Volunteers who take children outside of the iSipho Senkosi property

must be screened by the organisation in order to ensure that they are capable of caring for the children. According to the iSipho Senkosi co-ordinator, the volunteers must spend time caring for the children at iSipho Senkosi and have built a relationship with the house mothers, children and staff at the organisation. In order for volunteers to take children home for the weekend, volunteers must fill out a detailed form for the organisation and their home is visited by the two house mothers to ensure that the house is child-friendly. The information from the form and from the visitation to the volunteer's home is then given to the social worker who works in conjunction with iSipho Senkosi. Once this information has been processed and cleared by the social worker, then the volunteer's can take the children out for the day or for the weekend.

4. Education

Although most of the children are too young to attend school, the older children attend a local crèche where they interact and play with other children. This time at crèche is important for the children as they have an opportunity to meet other children and receive the foundations of learning and development through education. At present only two of the children are attending the crèche, half day. Each child's case is taken into consideration and children are not forced to attend crèche; when they are developmentally ready they will be given the opportunity to go. As it is not primary school, the role of the crèche is really to expose children to an increase in games, singing and educational development. iSipho Senkosi pays the school fees for the children which is included in their annual budget.

5. Background Information on House Mothers and Children

In choosing house mothers to take care of the children in the transition homes, iSipho Senkosi initially took the approach, with the first house mother Carol, of hiring someone that was well known to them and who they had had the opportunity to observe for some years. As Carol attended the same church which most of the iSipho Senkosi management team attended, they knew that they could trust her based on their own experience with her. Carol had worked for a number of years at a crèche and therefore had the necessary experience with children, and she had her own children. The second house mother, Thembi, had worked as the night nurse for Carol for three years and iSipho Senkosi decided to open the second transition home it was a natural progression for them to choose Thembi. The children knew and trusted her and Thembi had proven herself to the management team during her time as the night mother.

5.1 House Mother: Carol (House 1)

Carol is a white woman in her fifties who joined iSipho Senkosi as a house mother in 2000, with her two teenage daughters. Carol had felt for a long time that looking after abandoned and orphaned children was something she was called to do. Her daughters knew that this was important to her and moved with their mother from their home to a house with up to six babies. Before a night nurse was brought in, the daughters would help Carol with the babies. Both of Carol's daughters have since moved out of transition home, have completed their studies and are living in Durban.

5.1.1 Children (House 1)

Busisiwe: 3 years, female

Busi was placed at iSipho Senkosi in September 2006. Busi was abandoned in Durban at six weeks old, her biological mother had placed with Busisiwe items of clothing, milk and Busisiwe's clinic card. Prior to joining iSipho Senkosi, Busisiwe was placed at a home for abandoned babies, for six months. According to the social worker who worked on Busisiwe's case, an acquaintance recognised the photos of Busisiwe which were printed in the local newspapers; she came forward claiming she had seen Busisiwe's mother at the hospital while she was pregnant. Busisiwe's biological mother who lives in an informal settlement near Durban was then located by the police. Busisiwe's mother did not want her child and therefore alternative arrangements were made for Busisiwe's care.

Dumisani: 4 years, male

Dumisani was abandoned by his mother at her local clinic. She brought him in for an appointment but left him in the waiting room and never returned. She also left Dumisani with baby formula, his clinic card and other necessities. Prior to arriving at iSipho Senkosi, he was placed at a place of safety by the Durban Children's Welfare Society. Dumisani's photo was displayed in the Ilanga and Isolezwe newspapers in the hope that someone would come forward with information pertaining to the parents or relatives of the child. There was one response but on investigation by social workers and the police it was found to be a case of mistaken identity. Dumisani's biological mother was never found and Dumisani was then placed at iSipho Senkosi in August 2006.

The staff at iSipho Senkosi felt that his mother was likely to have been a good parent as it took Dumisani a long time to settle in at the home. He was severely traumatised by the loss of his mother and would often be found in the garden staring up into the sky. The organisation Dumisani was first sent to specifically made a request that iSipho Senkosi take him into their transition home due the extreme emotional trauma he displayed at being abandoned by his mother. The organisation felt that a close family environment would be best suited to Dumisani's rehabilitation rather than a residential care home.

Dumisani was adopted in July 2009 by a couple from Denmark.

Bandile: 2 years, male

Bandile arrived at iSipho Senkosi in December 2006. The details of Bandile's abandonment are unclear but the general details are that he was found by a policeman and taken to a government hospital in Durban. His estimated age, when he was found, was 20 months. There is no information on the policeman who brought Bandile in and no other details were recorded or uncovered by the social worker. Bandile was taken in by a place of safety but after a few weeks the caregivers experienced personal problems which led to the removal of Bandile. He was initially placed in a children's home but then was moved to iSipho Senkosi. There are no extended family details and no knowledge of Bandile's former life.

Aphiwe: 2 years, male

Aphiwe arrived at iSipho Senkosi in August 2008. He had been living at a place of safety prior to his arrival and had been there for a year. Aphiwe's mother had been

admitted to a clinic in labour and she gave birth to Aphiwe in August 2007. On the same day as delivering Aphiwe, she disappeared from the hospital and her whereabouts are not known.

The police visited the address which had been given to the clinic by the mother, but on arrival, the family living there denied that they had ever known the mother. The publication of his photos did not result in anyone coming forward to claim the child.

Bheka: 3 years, male

Bheka began his life in quite harrowing conditions. He was left for dead in a working deep freeze and there are many conflicting accounts of who was responsible for placing him in the freezer. Bheka was found by the police after an anonymous caller alerted the police to his presence in the freezer. Miraculously Bheka suffered very little physical damage from his experience in the freezer. On his release from the hospital, Bheka was taken to a place of safety, and social workers attempted to find him a new home. iSipho Senkosi was contacted and Bheka arrived in early June 2008.

In February 2008 the social workers handling Bheka's case contacted the police to find out if there had been any progress in the child's case. They were told that the suspect, who was assumed to be a local sangoma (a traditional Zulu healer), was missing and the mother was not known. Photos and information placed in the local newspapers, garnered no response from extended family members. Bheka is currently spending time away from iSipho Senkosi with prospective adoptive parents; a young white couple.

Lunga: 1 month, male

Lunga arrived at iSipho Senkosi at 3 days old in October 2008. His mother abandoned him and he was found under a bridge in a black plastic refuse bag. Although relatives have been traced, they are not willing to take him back into the family home and the mother has not been located.

Currently Lunga is in the process of being adopted. Parents are being screened and iSipho Senkosi is confident that he will be adopted relatively soon.

The table below (and on 63) describes the way in which children, in both transition homes at iSipho Senkosi, were abandoned by their mothers. As explored in this chapter, children are usually abandoned either at birth and left at the hospital by the biological mother or are abandoned some time after living with the mother. Children are abandoned in what I call ‘safe’ places, such as hospital, clinics and relatives, or ‘unsafe’ places, such as under bridges, in plastic bags or in pit latrines.

5.1.2 Table representing when and where babies at iSipho Senkosi were abandoned House 1:

| | Abandoned at birth | Abandoned by mother after living with her for some time | Abandoned in a safe place: clinic/hospital/relative | Abandoned in an unsafe place: Black bag/city centre |
|----------|--------------------|---|---|---|
| Busisiwe | | • | • | |
| Dumisani | | • | • | |
| Bandile | | • | | • |
| Aphiwe | • | | • | |
| Bheka | | • | | • |
| Lunga | • | | | • |

5.2 House mother: Thembi (House 2)

Thembi, a Zulu woman, prior to becoming a house mother in House 2, was the night nurse for Carol in House 1. During this time, Thembi's young daughter was living with her grandmother and Thembi's sister in a township outside of Durban. When both Thembi's mother and sister passed away, her daughter was placed in the care of a friend. However, when Thembi became house mother for the children in House 2, her daughter came to live with her.

5.2.1 Children (House 2)

Amahle: 3 years, female

Amahle was born in September 2006 and abandoned in December that same year. Amahle's mother left Amahle in the care of a woman but did not return to fetch her daughter. The mother's name is known to the police but she has disappeared and has not come forward to claim Amahle. Photos published in the local papers did not provoke a response from extended family or community members.

A Children's Court enquiry was held in September 2007 and Amahle was initially placed with a foster mother but she was removed, for personal reasons, and was then placed in the care of a crisis parent who was selected by the social worker handling Amahle's case. Amahle arrived at iSipho Senkosi in June 2008.

Amahle was adopted in October by a black *isiZulu* speaking, unmarried, couple in their late 40's. The woman does not have any biological children but has cared for her nephews and nieces in a fostering scenario.

Ayanda: 2 years, female

Ayanda arrived at iSipho Senkosi in June 2008. She was abandoned in November 2007 in Durban's city centre at the estimated age of 3 months. A police officer found Ayanda and an investigation was launched into the whereabouts of her mother and extended family.

A Children's Court inquiry was initiated, however no trace of her mother or extended family was found and Ayanda was temporarily placed at a home for abandoned babies while a suitable placement was found for her. She was then moved to a crisis parent and soon after she was placed at iSipho Senkosi with Thembi.

Recently a single black female in her 40's expressed interest in adopting Ayanda and spent some time with her. However this did not culminate in an adoption as the prospective mother, according to the iSipho Senkosi co-ordinator, *"felt that she had not connected with the child to the level that she would have liked and would have made her more likely to adopt that particular child"*.

Msizi: 2 years, male

Msizi was born in November 2007 and abandoned by his mother at the hospital where she gave birth. He was placed at iSipho Senkosi. Recently a social worker at the hospital where Msizi was found recognised his mother who was pregnant and ready to

give birth. The social worker confronted the mother who agreed to sign adoption papers for both Msizi and his little sister. His sister was brought to iSipho Senkosi in May and both have been adopted by a couple from Denmark.

Nomvula: 1 year, female

Nomvula was brought to iSipho Senkosi in July 2008 at 7 days old. She was found in the female out-patients toilets at a government hospital. An anonymous call was made to the hospital to alert them of her presence. It is felt that the mother made the call to ensure her daughter would be found and taken care of.

No response from her biological family was forthcoming after photos were published in the local newspapers. She was adopted in November 2008 by a white South African couple.

Ayize: 3 years, male

Ayize is not an abandoned or orphaned child but was being looked after at iSipho Senkosi while his care-giver regained her strength at a local hospice. At the culmination of the study in December 2008, Ayize was reunited with his care-giver.

Zola: 1 year, 10 months

Zola was found abandoned at a government hospital in Durban. He was born in February 2008 and arrived at iSipho Senkosi in December 2008. No biological parents or extended family members have come forward to claim him.

Ajax: 1 year, 2 months

Ajax was abandoned outside a shack in an informal settlement. He was abandoned in September and arrived at iSipho Senkosi in December 2008. He too has not had any family members come forward to claim him.

Jabs: 2 months

Jabs was abandoned at a government hospital and was brought to iSipho Senkosi in September 2009. Both the mother and father of Jabs have been traced and neither want to put the child up for adoption. Currently the social services are helping the young couple to find a solution in raising the baby themselves. Jabs will be returned to the young couple once they are settled and ready to take him in.

5.2.2 Table representing when and where babies at iSipho Senkosi were abandoned House 2:

| | Abandoned at birth | Abandoned by mother after living with her for some time | Abandoned in a safe place: clinic/hospital/relative | Abandoned in an unsafe place: Black bag/city centre |
|---------|--------------------|---|---|---|
| Amahle | | • | • | |
| Ayanda | | • | | • |
| Msizi | • | | • | |
| Nomvula | • | | • | |
| Zola | • | | • | |
| Ajax | | • | | • |
| Jab's | • | | • | |

The house mothers felt that mothers who leave their children in locations where they are likely to be found quite quickly, as well as ensuring that the babies basic needs, such as clothing, baby formula and clinic cards are left with the child, are often abandoning their children in the hopes of a better life. The co-ordinator at iSipho

Senkosi stated that while there is “*no such thing as a good abandonment*”, they do acknowledge two types of abandonment practices; responsible and irresponsible. In an interview between Carte Blanche (www.beta.mnet.co.za, 2003) and Saras Desai, the Provincial Head of Child Welfare, it was pointed out that there is a difference between mothers who abandon their babies in places which make it unlikely that the child will ever be found, such as pit latrines, and mothers who abandon their babies with the intention of them being found so that they can be taken care of, such as in a clinic or hospital setting. iSipho Senkosi’s co-ordinator feels that desperation is often at the core of abandonment; either because the mother is concerned for herself (she does not want to reveal that she has had a child) or because she is driven by concern for her child (she is sick with HIV/AIDS and knows she cannot provide for her child). According to Smith (2009), in an article written for the online newspaper, Guardian, in which he interviews the general manager of the Door of Hope in Johannesburg, an organisation which takes in abandoned babies, many babies are dropped off at the organisation because the mother is HIV positive and she fears that her child will also be positive. Smith (2009) continues to report that the number of abandoned babies has increased dramatically in South Africa in 2009. The global recession has been a key contributor, according to organisations which care for orphaned and vulnerable children, for the increase in children being abandoned by their mothers. According to Smith (2009), Tshwane Place of Safety (www.placeofsafety.org.za) which cares for orphaned and vulnerable children, is asked daily, by various organisations, to take in abandoned babies. Abandoned babies are given to families which care for the babies on a volunteer basis. However, even this resource is being affected by the recession, as some volunteer families have had to return the babies to the organisation as they can no longer afford the costs incurred by raising a child.

Abandoned children are becoming an increasing reality in South Africa and many will not be reunited with their biological families (van Schalkwyk, 2008; McLea, 2009). Bailey (2009) and a report in The Independent on Line (2009) report on the increase in infant murders as well as abandoned children in Johannesburg, South Africa. The Durban Child Welfare's personal case load of abandoned children, in the Durban area, was 40 children between January and November 2009 (personal correspondence with a social worker at Durban Child Welfare). According to the Provincial Head of Child Welfare, in 2003 the organisation dealt with approximately 2000 abandoned and orphaned babies a month (www.beta.mnet.co.za, 2003). Homes such as iSipho Senkosi offer a crucial role in the care of these children and their eventual adoption by families willing to care for them as one of their own children.

Of the 13 children included in this study, not all resided in the transition homes at the same time, but rather, all lived at iSipho Senkosi at some point during the study (July 2008 to September 2009). I undertook sporadic visits to iSipho Senkosi after the research was completed. Of the 13 children placed at iSipho Senkosi during the duration of the study, 12 were abandoned by their mothers in various locations, 8 were abandoned in hospitals and clinics which ensured that they would be found and taken to a place of safety, while other babies were abandoned in black plastic bags in bushes and remote locations; thereby the likelihood of them surviving was slim. Whilst every child's photo and details were displayed in the local newspapers which extended families and friends would be likely to read, not one family member came forward to claim a child, except in the case of mistaken identity.

5.2.3 Table representing the number of adoptions and reunification scenarios at iSipho Senkosi in 2008 and 2009

| | Black SA | Indian SA | White SA | Foreign | Reunification |
|------|----------|-----------|----------|---------|---------------|
| 2008 | 0 | 1 | 1 | 0 | 3 |
| 2009 | 1 | 0 | 4 | 3 | 0 |

The use of social rupture thesis in this study is therefore relevant in describing the inability, or even unwillingness, of the extended family in looking after orphaned and vulnerable children. One cannot assume that all extended families actually see the photos of the abandoned children or even know of the child's existence, however, the fact that some extended families, when found by social services and welfare, are not willing to take in the child, reveals that not all extended families have the means, or inclination, to care for extra children.

Children have been reunified with their families in the past at iSipho Senkosi, but due to their new rules which state that children accommodated at iSipho Senkosi should ideally be past the reunification process and available for adoption, the children at iSipho Senkosi are unlikely to ever see their biological relatives again.

Chapter 4 investigates the second transition site, Siyaphambili, and the differing form of child care which is offered by this organisation in comparison to iSipho Senkosi. Siyaphambili, unlike iSipho Senkosi, offers children a long term placement solution within a foster care environment and the children in this non-kin model of care will not be put up for adoption by the organisation, as Siyaphambili is their home for as long as necessary.

Chapter Four: Siyaphambili

1. Background

Siyaphambili is a much larger organisation than iSipho Senkosi; with 8 house parents (married couples) and 20 foster children. The background of the organisation reveals the long term planning and dedication of the founders in setting up an organisation that they believe will have a far-reaching impact on the lives of a select few children. Unlike iSipho Senkosi the children who live at, and are accepted into, Siyaphambili are over the age of 5 years and will live at Siyaphambili, in a family unit, until they are ready to leave, after the age of 18. They will not be adopted or fostered by alternative care givers. This chapter explores the background history of the organisation, how it currently functions and the resources needed to sustain it, and then details the foster parents and children who live at Siyaphambili.

Mr and Mrs Le Roux, the founders of Siyaphambili, are a married Christian couple from Durban, KwaZulu Natal. The Le Roux's, prior to setting up Siyaphambili, worked for many years in the field of family ministry for a Christian based organisation in the same area where Siyaphambili is currently situated. In the year 2000, before the inception of Siyaphambili, the Le Roux's were leaning towards creating an Education Trust, while at the time running a Christian ministry with the aim of assisting families in raising their children based on a Christian model of living. However during the two years of running the Christian Ministry, the Le Roux's felt a strong pull towards playing a major role in the lives of the many orphans, whom they encountered through their work. These encounters with orphaned and vulnerable

children resulted in a strong desire to actively assist these children and Siyaphambili, a cluster foster home, was born. Due to the often transient lifestyle that orphans live in South Africa, as they are passed from relative to relative based on who is willing to raise and finance another child (Jones, 1992), they felt that their current ministry, which dealt predominantly with family issues such as marriage and the raising of children, was not relevant to these orphaned children. Based on a desire to teach these children about the concept of family, so that the children could go into the future with the ability to create and manage their own family units, in what was articulated as a productive and positive way this resulted in the initiation of the family concept of care at Siyaphambili. Despite the fact that many of the children at Siyaphambili have not come from a Western nuclear family environment (seven of the children lived in children's homes or cluster foster villages), this is the family type which is utilised by the organisation as it is the one which the Le Roux's are familiar with and the family type which tended to be drawn upon in similar organisations visited by the Le Roux's. This nuclear family was thus considered most feasible for children who had not been reunified with family members or taken in by community members.

Through the ministry organisation they were working with at the time, the Le Roux's invited American visitors to South Africa in 2002 to be part of a week long trip to see the work the organisation was carrying out. The visitors were taken to a local hospital, a school in the area which was running an abstinence-based programme on teenage sexuality, and a child-care organisation in KwaMashu in order to show the visitors the gravity of the orphan situation in KwaZulu Natal.

The founders, when dealing with overseas visitors, aim to portray a fair picture of the South African situation, rather than simply the worst side of Africa as they feel that it is unfair to both visitors and South Africans to portray the country in only a negative light. Their aim is not to shock visitors but rather to show the gravity of the situation while at the same time offering suggestions for opportunities that would enable people to help and assist orphans and communities. When asked about how the visitors had felt about their trip and what they had seen, Mrs Le Roux stated that,

'I don't think they were shocked; (Mr Le Roux) and I, we've never wanted to portray the gory details, we've tried to give people a good picture of it, but we've never gone into the really gory details and in fact, I think Africa has a way of dealing with the tragedy in quite a proud and dignified way. I think we do take it to the extent sometimes and hide things, but it's not just out there. It is a dignified way that we are dealing with this tragedy. So they were shocked but it was never our intention to really shock, we wanted to give an overall view. We wanted to show that a lot is happening out there is good and there are a lot of opportunities that we can tap into and make the most of it. There is a lot of hope.'

Later that year the founders were invited to America by one of the visitors, a man who had a family business called Chick-fil-A, which sells fast foods in America. This business supports an organisation in America called WinShape Homes, a model on which Siyaphambili is based. The founders of Siyaphambili felt that Chick-fil-A was a business enterprise that they could bring back to South Africa in order to support an organisation such as the one they intended to base Siyaphambili on. The premise behind WinShape homes and Chick-fil-A was to develop leadership qualities in the young people who lived in the homes. A large percentage of the profits made by Chick-fil-A are used to support and fund WinShape Homes. WinShape Homes began in 1987 as an organisation that could offer children who were growing up without a

stable home setting the chance to become part of a family environment which would allow them to grow and develop in what the organisation perceives to be in the best possible way for a child (www.winshape.org).

Many of the characteristics of WinShape Homes have formed the structure of Siyaphambili, with a few notable exceptions, such as the number of children accepted into each home. A common characteristic shared by WinShape Home and Siyaphambili is that both employ a married couple who take on the role of parents to the children rather than the more normative circumstances in South Africa where a housemother takes on the parental role to the children. At WinShape both parents are full time parents while in the case of Siyaphambili, one of the parents is asked to work, while the other takes on the role of full time parent. One parent in each home is expected to work so that children are exposed to the work environment through their parent in order to understand that work is a reality of life (personal correspondence with the Manager of Family Services). At WinShape children between the ages of 6-13 are accepted into the Homes and come from varied backgrounds, religions, cultures and races. At present there are twelve WinShape Homes which are spread across the states of Georgia, Alabama and Tennessee, and one in Brazil. Like WinShape, Siyaphambili accommodates siblings so that they can live together within a home rather than separating the children into different homes or even between different institutions. WinShape does not merely offer a place for children to live but rather their aim is to develop the child into becoming the best he/she can be. They encourage children to go to college or develop skills in a particular field. This emphasis can be strongly seen in Siyaphambili in the encouragement of their children.

If a child is noted to have a particular talent or ability, the child is supported in developing that talent or ability through a particular school.

An important difference between Siyaphambili and other cluster foster care organisations lies in the future of the children after the age of 18. Most organisations, whether cluster foster care or orphanages, expect the children to leave the home once they turn 18 in order to create a life of their own with limited or no support or intervention from the institution they grew up in (personal correspondence with a Durban social worker). However, Siyaphambili has borrowed a unique characteristic from WinShape Homes which is that it allows children to stay at the family home past their 18th birthday in order to attend tertiary institutions if they decide to do so. Once they are financially or emotionally ready, they then leave the home but continue to have a relationship with both parents and siblings. Siyaphambili's long term vision is to open one self-sustaining home each year which would accommodate six children in each home.

Siyaphambili is unashamedly an 'elite' organisation. The children who are accepted into the homes need to meet a few set requirements. Children must be HIV negative, not have any mental or physical disabilities, and show academic promise. Siyaphambili does not have the facilities or trained staff to handle children who are sick (such as HIV positive, or suffering from other childhood diseases) and in need of 24 hour care. The reason behind this 'elitism' is that Siyaphambili recognises its model of care requires large amounts of funding and support from both local and international donors for only a small number of children. The aim of the organisation is to raise children who have a positive outlook on life, family and marriage, and the

future. The Manager of Family Services stated that, *“we know it is an elitist model but we felt that we would rather offer fewer children a whole lot more; which is very popular with funders and donors who see this model as an intervention of transformation. Donors like the exclusivity and they like that their money is being ‘well spent’ on children who can potentially help change the community (from which they came).”* The organisational literature states, *“A solid foundation is thereby formed which maximises future growth and leadership potential”*.

According to the founders of Siyaphambili, the Le Roux’s, the organisation has been criticised for being elitist but they feel convicted that they offer the best. Their view is that people in Africa are always given just enough for them to “get by” or make ends meet, whereas Siyaphambili would rather support fewer children but ultimately have more of an impact on their lives. Mrs Le Roux states that:

“For us we’ve been more and more convicted that so many people in Africa are just given enough to stay at that same level. And just cannot get out of the cycle of poverty. And we are really more and more convicted that what we are doing is right for us.”

These children will have the chance to make more of their lives because of the opportunities they have been given at Siyaphambili.

Siyaphambili depends entirely on donor funding in order to function. It is a non-profit, public benefit (18a) organisation and currently receives funding from both local and overseas donors. Siyaphambili constantly sources funding and endeavours to maintain relationships with current donors as without these contributions, Siyaphambili would not operate as they are not government sponsored. Siyaphambili retains its close ties

to American donors and has a fundraising team which fosters support and funding in America for Siyaphambili. The board members of the American organisation which raises funds have visited Siyaphambili and are familiar with the needs of not only the children at Siyaphambili but with those living the surrounding communities who are experiencing loss of adult supervision and the family environment.

2. Model of Care

Siyaphambili loosely models the type of care offered by the cluster foster system which is a popular model utilised by organisations such as the SOS Children's Village, which has organisations globally. There are however with notable differences such as that Siyaphambili has the stringent requirement of foster couples rather than the more popular foster mother scenario. The cluster foster system is generally characterised by the employment of a house mother who cares for up to six children (or more, depending on the laws of the particular country) in a house on the property of the organisation involved. For two years Siyaphambili received no support from the Department of Social Development; they were told that their model would not work simply because they would not find a black married couple to become house parents (personal correspondence with the Manager of Family Services). So far Siyaphambili has two sets of black parents and has had enquiries from a few more. In 2008 the Provincial Head of the Department of Social Development visited the site and endorsed Siyaphambili's cluster foster care system as it not only maintains the conventional statutory requirements placed upon such organisations but also offers unique characteristics regarding child care in a non-kin model of care. Siyaphambili also utilises the services of a supervising social worker who is employed by the

Department of Social Development. This social worker fills the role of placing orphans at Siyaphambili, as well as ensuring that they are being cared for sufficiently by the house parents. The two main characteristics unique to Siyaphambili are that the parents in each home must be married, for two reasons: firstly Siyaphambili models itself on Christian principles and marriage forms an important part of Christian family life. Secondly the initiators of Siyaphambili feel it is necessary to expose children to what they consider to be the 'ideal' family situation in which parents are married, as they feel society no longer reflects this (personal correspondence with the Manager of Family Services). The second unique characteristic of Siyaphambili is that the children may stay in the home past their 18th birthday in order to attend tertiary education and to ensure that the children are financially and emotionally stable when they are ready to leave their foster home.

Initially the parents at Siyaphambili were asked to sign a five year renewable contract. Parents were expected to make a five year commitment to raising the children in their care with the hopes that they would continue after their time was up. However, recently this time frame has changed and parents can sign a one year renewable contract. However according to the Manager of Family Services, the organisation would not ask foster parents to leave, unless there was good reason, or if the foster parents were the ones who gave reasons for leaving. The policy change was initiated as it was found that quite a few couples, on coming forward to enquire about becoming foster parents, had implied that five years was too long a commitment, but that they were keen to foster children for a shorter time span. This change in the duration parents are expected to stay certainly changes the philosophy of the model to a degree. This means that house parents have the option of leaving Siyaphambili after

a year and children will be placed in the care of a new set of foster parents. In effect, their ‘home’ will remain the same but their care givers may change from time to time. This issue is explored further in Chapter Five.

The Manager of Family Services is currently working on an exit procedure for the children to be instituted when they become young adults and are considered self-sufficient enough to be able to move out of their homes at Siyaphambili. When the child leaves Siyaphambili, his or her link to the foster parents and foster siblings is not severed. The child is raised at Siyaphambili by foster parents who, according to the philosophy of the model, will reiterate that this will always be home and that he or she can visit at any time. However, the debate about the child’s bed, ultimately the set space which the child occupies or calls his/her own within the household, and whether it will be filled by a new child is currently under debate. The Manager of Family Services explained that *“as children move out to live independently we would possibly fill the vacancy left, depending on the dynamics.”* She continued by saying that *“Even if there is a vacancy in a family we won’t automatically place a child there without first carefully considering the dynamics of the already existing family and the possible impact the new child might have.”* As Siyaphambili has only just started to experience children moving out to live independently (at this stage only two children have done so), it is not an issue that has been fully explored. With the aim of a new home being opened every year, new children would possibly be incorporated into a new family unit.

3. The Parents

Parental selection is a process that all parental applicants must go through before they can be considered by Siyaphambili as potential parents for the children. Parents are put through a series of interviews with the Manager of Family Services, and the board members and they are expected to spend a number of weekends at Siyaphambili as relief parents. A background check is done on each parent and social workers also meet with parents to assess their ability to care for children. Social workers are only called in if Siyaphambili decides on a parental couple.

Once parents have been selected by Siyaphambili, support is given by offering specific training through the use of instructional DVD's and other materials. All parents are expected to attend training sessions, which usually occur on a weekly basis. This time is also open for discussion whereby parents can ask for advice and support for particular issues they are experiencing. Very few models offer training to parents as Siyaphambili does and a number of organisations have asked if their parents can be part of the training in order for both parents and children to benefit. Parents at Siyaphambili also have the use of an extensive library and can select six books of their choice, which are stored in the home. The library has books, DVD's and instructional videos, on wide-ranging topics centred on raising children. The Manager of Family Services, who is a trained psychologist, runs most of the training sessions and is available to both parents and children, should they need counselling or simply to talk.

Unlike most organisations where a house mother is employed and given a monthly salary for raising the children, Siyaphambili does not employ the parents. Parents are given a small monthly stipend, loaned the use of a house and car, and the children are 'paid' for through funding given by donors. If the parents leave Siyaphambili, they do not keep the car or the house. These items remain the property of Siyaphambili. This route was chosen in order to avoid issues associated with the Labour Act, as Siyaphambili does not see this as a job, but rather as a 'calling'; a concept which was expressed by all the parents at some stage during the interviews. This is evident in the words of Xolani, "*... the job you are doing which is not really a job, it's a calling. It's a call from God, so you think about God first.*"

4. Finance in the Home

Siyaphambili's strength lies in their financial accountability. They can be independently audited at any time and parents are expected to keep their finances up to date and organised. Parents must keep all receipts and keep track of how money is spent from the budget they are given to run the house. At any time they may be asked to present their finances to Siyaphambili for audit. Parents are given a guide on how to spend the budget, but ultimately each home is run as a family outside of this type of environment would function, and parents have the authority to spend the money as they deem fit, as long as it is for the benefit of the whole family. The budget does not include payment of school fees; rather this is handled and paid directly by the Siyaphambili's administration office to the schools. Children are given monthly pocket money (R350 for the older children, and R100 for the younger children) which is paid into the bank accounts of the older children and in the case of the younger

children, is handled by the parents. It is up to the parents to teach the children money issues, such as saving and tithing. Linda and Jake offered an example of how they teach the children the importance of looking after their own property and the property of others. Senzo, one of the foster children, had borrowed a hat, specific to the game of cricket, from a school friend and then proceeded to leave the hat in the change room after the game. On his return to school the next day, the hat had been stolen. Linda made Senzo pay for a replacement hat out of his pocket money in an attempt to help him understand the value of both property and money.

5. Education

While most of the older children at Siyaphambili attend various schools in area, Siyaphambili has also opened a small school on the grounds of the organisation which the younger children attend. The school currently provides education to fourteen children, who are drawn from Siyaphambili but also from the community around the organisation. This allows for the children whose level of academic achievement is not age appropriate due to circumstances, to catch up with the syllabus before moving on to other main stream schools within the area. The school at Siyaphambili utilises the OBE (outcomes based education) system which most schools in South Africa implement. The long term goal is that the school will provide education for both the children at Siyaphambili, as well as for more children who live in the community surrounding Siyaphambili. Currently, they are trying to obtain funding for twenty community children to attend Siyaphambili's school for five years each. A goal Siyaphambili has set for the school is that there will be 300 learners enrolled by 2010

thus affording children from the community the opportunity to receive a good standard of education while remaining in the community.

6. Background Information on Parents and Children

The information given by both parents and the Manager of Family Services on the background of each child currently living at homes within Siyaphambili is limited in detail. Most of the children have come from orphanages, non-kin models of care such as a cluster foster village system, as well as from the local community. For purposes of clarification through this thesis, the names given to each home will be: House 1, House 2, House 3 and House 4 and will be placed in brackets next to the name of children, when it is not clear which house child belongs.

6.1 House Parents: Agnes and Joseph (House 1)

Agnes and Joseph, a black South African couple in their early sixties, have been married for 41 years. Agnes is *isiZulu* speaking, while Joseph is Southern Sotho and both come from the south coast of KwaZulu Natal. Agnes and Joseph were the first couple to join Siyaphambili in 2006, as parents to children identified by Siyaphambili as being in need of care and support. A pastor told them about Siyaphambili and the aim of the organisation in raising children who had not been absorbed into the extended family.

Prior to joining Siyaphambili, Joseph was a pastor at a Baptist church on the south coast of KwaZulu Natal. Joseph also serves as a trustee for a training trust which equips rural people with a skill which enables them to make items which they can sell,

in order to improve their standard of living. Agnes, while serving as a full time mother to their six biological children, also opened and ran two crèches for children in underprivileged communities. This experience as a mother of six and caring for children not related to her has enabled her to take on the responsibility of caring for six more children. Agnes has also completed courses in AIDS, Home Care and Orphan Care.

Of their six biological children, two have passed away. They are also grandparents and see their children and grandchildren every two months.

Recently Agnes and Joseph made the decision to retire. They are in the process of building a 10 roomed house on the South Coast, which will have enough space for all of their children, both foster and biological, as well as their grandchildren to visit. Their role in the lives of their foster children will continue as grandparents, rather than parents. New foster parents are currently being sought for the children and this will be the first time new house parents will take over from the original house parents.

When Joseph and Agnes joined Siyaphambili they became foster parents to three siblings, Thandeka, Nonku and Sizwe. These three children had come to Siyaphambili after they were identified by a social worker as a child headed household within the local community. After their mother died their family ostracized them and the siblings were left in the position of caring for themselves. There has been mention of an uncle and a grandmother (it is unclear if they are maternally or paternally affiliated), but their relationship with both of these individuals seems to be fraught with unhappy memories. None of the siblings talk of their experience, only to say that they were not treated well by their uncle and were treated like servants. Oleke *et al* (2005) expresses

this negative aspect of orphanhood which sometimes sees orphaned children being expected to work hard and to assume positions of less value than biological children.

6.1.1 Children (House 1)

Thandeka: 22 years, female

Thandeka is the eldest and prior to joining Siyaphambili was attending school while simultaneously trying to raise her siblings and find ways to survive on their own. Thandeka has studied to become a social worker and is currently waiting for her qualification papers so that she can officially begin working. She lives with Joseph and Agnes but travels to Durban everyday where she works as a volunteer. Once she officially starts to work, she will move to Durban and begin her new life as a young adult.

Nonku: 20 years, female

Thandeka's biological sister, Nonku, lives and works in Durban. She is currently studying Travel and Tourism and works at an agency gaining experience.

Sizwe: 15 years, male

The biological brother of Thandeka and Nonku, Sizwe, was awarded a bursary to study at a prestigious private school, and in 2008 became a boarder; he comes home on weekends and holidays.

Ndu: 14 years, male

Ndu was bought to Siyaphambili by a white farmer. This man had raised Ndu for approximately 2 years, along with 13 other children who were in need of care. None of the children who were being cared for by the farmer receive grants (for unknown reasons) and the farmer felt that Siyaphambili would be able to offer far more in terms of care and education than he himself could offer.

Bongani: 8 years, male

Agnes and Joseph's latest child is 8 year old Bongani. This young boy was brought to Siyaphambili by a white woman who had been caring for him for approximately 8 months; Bongani's father was the man who tended her garden. Bongani's mother died when he was a toddler and when Bongani's father was rendered blind in a fight; his employer took Bongani into her care. Currently Bongani's case is still under revision by the Department of Social Welfare and while he has been placed with Agnes and Joseph, it is still not certain if he will stay at Siyaphambili permanently. The social worker responsible for the case is investigating whether Bongani's father is physically able to can take care of the child.

Mbali: 19 years, female

One of Agnes and Joseph's children, Mbali, has moved out of their home and is currently living in Durban with her boyfriend and baby (under a year old). At the time of the study, she had not been back to Siyaphambili but was keeping in regular contact with her foster parents.

6.1.2 Demographics of House 1

| Children | Abandoned at Birth | Lived with biological parents | Lived within community with relative/non-relative | Lived in a children's home | Lived in a cluster/foster village |
|----------|--------------------|-------------------------------|---|----------------------------|-----------------------------------|
| Mbali | | ● | ● | | |
| Thandeka | | ● | ● | | |
| Nonku | | ● | ● | | |
| Sizwe | | ● | ● | | |
| Ndu | | ● | ● | | |
| Bongani | | ● | ● | | |

6.2 House Parents: Xolani and Nothile (House 2)

Xolani and Nothile are an *isiZulu* speaking couple in their fifties who raised four of their own biological children; one of whom has since passed away. Prior to joining Siyaphambili, Xolani worked in the Department of Health in Durban and after retiring joined a Bible college in order to gain a diploma in biblical studies. He is currently also a pastor and preacher. While studying at the college Xolani and Nothile obtained a certificate in Advanced HIV/AIDS Training for church leaders and both Nothile and himself have volunteered as counselors at a hospital in Durban.

Nothile worked as a teacher for 25 years and has much experience with children from both an educational and caring perspective. When she retired from teaching she became actively involved in the church.

Both Xolani and Nothile feel that their Christian faith has played a leading role in their decision to take on six children in need of care. They do not see this as a job but rather as a calling from God which they must undertake. Their pastor told them about

Siyaphambili and after speaking with the Manager of Family Services they decided this was a five year commitment that they would like to undertake.

Xolani and Nothile were brought in as parents to take over from Wendy and Mike who were acting as relief parents due to the initial foster parents leaving the organisation quite quickly (reasons were not given by Siyaphambili). When Xolani and Nothile took over from Wendy and Mike, the family unit was split up with the younger children, Zanele, Sandile and Mlu, moving to a new home with Mike and Wendy, while Mfundo, Musi and Lungi remained to form a family unit with parents Xolani and Nothile. Mike and Wendy had struggled with the three older children and it was felt that these children would be better suited to living with Xolani and Nothile.

6.2.1 Children (House 2)

Lungi: 18 years, female

Lungi was living on the property with a number of other children who were being cared for by a woman from the local community, prior to moving to Siyaphambili. Lungi has relatives but none of whom felt they could take care of her. The relationship between Lungi and her relatives was, at the time, not conducive to her staying with them. However, recently, Lungi made the decision to move out of House 2 and is living with relatives in the community which she originally grew up in. She is studying hairdressing and has a job as an apprentice at a local hair salon. Lungi arrived at Siyaphambili at 16 years of age and the Manager of Family Services believes that she struggled to come to terms with having two authority figures in her

life whereas prior to joining Siyaphambili she had substantial freedom to do as she pleased.

Emmanuel: 20 years, male; Musi: 7 years, male

Emmanuel and his younger biological brother Musi were also living with Lungi on the property. The brothers have twin brothers aged 13 who are mentally disabled and were therefore not taken on by Siyaphambili. Although it is preferable to keep siblings together, and this is part of Siyaphambili's philosophy, disabled children cannot be looked after at Siyaphambili due to the lack of resources and care needed for such children. The boys' father became sick when Emmanuel was 16 and he died five months later. Shortly afterwards their mother became sick and she too passed away. All four brothers were taken in by the same woman who took in Lungi. A social worker made the connection between the woman and Siyaphambili and the two brothers, along with Lungi, were placed at Siyaphambili. Emmanuel and Musi's twin brothers continue to live with the same woman who took care of them all but she has since moved away from the Siyaphambili property to a nearby area, which is not too far from Siyaphambili. Emmanuel occasionally sees his twin brothers and would like to be more involved in their lives once he is financially able to do so. Emmanuel recently completed a short electrical course and is looking for a job.

Sibongile: 10 years, female

Sibongile was brought to Siyaphambili by her maternal grandfather who had decided he could no longer look after her; both her parents are deceased and no other extended family members were willing to look after her. Sibongile had been living with Nothile

and Xolani for approximately 7 months, at the time of the interviews with her foster parents.

Busi: 7 years, female; Thabani: 6 years, male

The two youngest children living with Xolani and Nothile are their biological grandchildren. Busi is 7 years old and her mother is very unwell. Her father is not known by Xolani and Nothile as he left before Busi was born. Thabani is their six year old grandson, from their son who is also extremely ill. Thabani does have a mother and she lives in a township near Durban but does not work. Thabani visits her during the school holidays.

6.2.2 Demographics of House 2

| Children | Abandoned at Birth | Lived with biological parents | Lived within community with relative/non-relative | Lived in a children's home | Lived in a cluster/foster village |
|-----------|--------------------|-------------------------------|---|----------------------------|-----------------------------------|
| Lungi | | • | • | | |
| Busi | | • | • | | |
| Emmanuel | | • | • | | |
| Musi | | • | | | |
| Thabani | | • | | | |
| Sibongile | | • | • | | |

6.3 House Parents: Mike and Wendy (House 3)

Mike and Wendy, a young white couple in their mid thirties came to Siyaphambili with their two children, Sarah (16) and Jono (5) in 2007. Sarah is Mike's child from a relationship he had when he was quite young. He gained full custody of her when she was two years old. Mike and Wendy have been married for nine years.

Their “lotto” dream as a young couple was to buy a large plot of land, build a number of houses and implement the ‘gogo system’; in which a grandmother or elderly woman in the community is employed to look after up to six children in a home environment. They both felt that they had to assist in combating the devastation of the HIV/AIDS pandemic and in particular wanted to help orphans and vulnerable children. However, buying land and setting up a cluster foster village was not financially feasible so they invested financially in a children’s home, donating money when they were able to. At around the same time, an administrative job opportunity came up for Wendy at Siyaphambili. She felt that even if she and Mike could not be personally involved in looking after the children, she could be involved in the administration of an organisation which cared for children in need. For Wendy and Mike their Christian faith played a pivotal role in their choosing to become involved with HIV/AIDS orphans and vulnerable children so this job was what Wendy calls “*an answer from God*”. Relatively soon after joining Siyaphambili, the foster parents in House 2 resigned and relief parents were needed immediately to take care of the six children living in the house. Wendy and Mike were asked if they would like to take on the role as relief parents as they had prior experience in relief parenting. They began relief parenting in 2007 with eight children as they had their own two children living with them as well. They remained in this house for approximately two months and then were moved into a new home, outside of the grounds of the organisation.

Mike and Wendy have the only family at Siyaphambili which has the biological children of the parents living with foster children. All four of their foster children have come from non-kin models of care, such as a Children’s Home and cluster foster village and their background information is sparse.

6.3.1 Children (House 3)

Zanele: 14 years, female

Zanele was raised in a children's home before arriving at Siyaphambili. Not much is known about her background, other than that no family members have ever come forward to claim her. She is a fluent Afrikaans speaker and was completely unable to communicate in *isiZulu* when she arrived.

Sandile: 13 years, male; Mlu: 13 years, male; Thobile: 8 years, female

The three other children, Mlu, Sandile, and Thobile, living with Mike and Wendy all came from the same cluster foster village. All three have had no contact with family members and had been living at the cluster foster village for most of their lives, prior to joining Siyaphambili. Very little is known about their backgrounds and where they came from.

6.3.2 Demographics of House 3

| Children (not including their biological children) | Abandoned at Birth | Lived with biological parent/s | Lived within community with relative/non-relative | Lived in a children's home | Lived in a cluster/foster village |
|--|--------------------|--------------------------------|---|----------------------------|-----------------------------------|
| Thobile | | ● | | ● | |
| Zanele | ● | | | | ● |
| Sandile | ● | | | | ● |
| Mlu | ● | | | | ● |

6.4 House Parents: Linda and Jake (House 4)

Linda (late 40's) and Jake (early 50's), are a white couple who originate from the Eastern Cape. They moved to Durban in 1997 when Jake was contracted to work in the province of KwaZulu Natal. Jake is a business analyst and systems designer while Linda worked in quality control for a confectionary company until she stopped working 15 years ago. Linda and Jake have been married for 22 years and have no children together; however Jake has three children from a previous marriage. During their marriage, there were times when Linda cared for Jake's son and youngest daughter.

Their background in caring for children began many years ago when they became counselors for a Christian counseling organisation, Telefriend, whereby a child was able to phone in and talk to a counselor about problems the child was experiencing. They then became involved with Childline and ran a safe house for children in conjunction with Childline and the Child Protection Unit. Through Childline and Child Welfare they fostered a 16 year old girl for eight months and looked after a baby for a weekend. After relocating to Durban they made themselves available to Childline but were not contacted by the organisation. The couple joined a local church and fostered a 14 year old boy for 18 months. This was not a pleasant experience as the boy was an extremely difficult child. They felt that if they were to continue caring for children it should be in a permanent way, such as through adoption. However, due to Jake's contract style work, they felt it would not be an ideal situation in which to adopt a child. However, both Linda and Jake were sure that the love, experience and life skills they possessed would be of benefit to a child or children and were keen to

utilize their skills and passion. In May 2008 the pastor of their church ‘planted a seed’ when he told them about Siyaphambili and that the organisation was looking for foster parents for their new home. Due to their unpleasant fostering experience with the 14 year old boy, Linda was apprehensive about taking on the role of foster mother again but they set up a meeting to learn more from the Manager of Family Services, in order to find out what kind of commitment was required from them as foster parents. Their main concern was that they would be given a limited time in which to look after the children when they in fact saw this as a life time commitment not a short term solution for children in need of good parenting.

Linda and Jake became house parents in October 2008 and the house was immediately filled with six children, ages ranging from 10 to 18, four of whom are boys and two of whom are related by birth. Linda is a full time mother and Jake still works for his former company as an occasional consultant but works predominately from home as a restorer of ceramics.

6.4.1 Children (House 4)

Melusi: 18 years, male; Sihle: 10 years, female

Melusi arrived at Siyaphambili with his 10 year old ‘sister’ Sihle; she is actually the daughter of Melusi’s deceased eldest sister. When Melusi’s mother realised she was dying, she approached Siyaphambili to arrange for Melusi and Sihle to be placed there and this request was included in her will.

Simphiwe: 17 years, male

Simphiwe initially lived in House 2 with Xolani and Nothile. He was moved to Linda and Jake's house as it was felt that he would fit in better with a more 'westernised' family. His biological parents were considered to be quite well off within the community and he attended a 'model C' school outside of the community. Simphiwe has identified more with Western culture and struggled to fit in with his initial foster family; for this reason he was moved from House 2, to House 4. Simphiwe lost both his parents a few years ago and between their death and arriving at Siyaphambili, he was living with his grandmother and 20 other children on the same plot of land on which Siyaphambili is currently situated. With Siyaphambili's inception, Simphiwe was one of the first children to be placed in a home.

Senzo: 12 years, male; Mfundo: 10 years, male

Very little information is known about Senzo and Mfundo. Senzo has lived outside of his extended family and community for most of his life as he was abandoned at birth and no family members were located. He was placed at a cluster foster village, where he lived permanently before moving to Siyaphambili. Mfundo came from the same cluster foster village as Senzo and the two were friends before arriving at Siyaphambili. Mfundo shares Senzo's life story in that he was abandoned at birth with no extended family coming forward to claim him.

Nokwazi: 11 years, female

Nokwazi, on arrival at Siyaphambili, could only speak Afrikaans. Nokwazi was born in jail as her mother was serving a sentence and at the age of 3 was removed and sent

to a children's home. Nokwazi has not had any contact with her mother or any other family members.

6.4.2 Demographics of House 4

| Children | Abandoned at Birth | Lived with biological parents | Lived within community with relative/non-relative | Lived in a children's home | Lived in a cluster/foster village |
|----------|--------------------|-------------------------------|---|----------------------------|-----------------------------------|
| Simphiwe | | • | • | | |
| Melusi | | • | | | |
| Sihle | | • | | | |
| Senzo | • | | | | • |
| Mfundo | • | | | | • |
| Nokwazi | • | | | • | |

All four families are incredibly unique in their make up; House 1 has two black South African parents of differing ethnicity, and five children, three of whom are siblings and two of whom have been previously raised by white care-givers, if only for a short period of time. House 2 has Zulu parents and six children, two of whom are the biological grandchildren of the foster parents, two are siblings, and three lived together on the property on which Siyaphambili now stands. House 3's parents are white and are the youngest parents at Siyaphambili and they have two of their own children as well as four foster children who have all grown up in non-kin models of care, prior to coming to Siyaphambili. And the last house, number 4, also has two white foster parents and six children; two of whom are related biologically, two of whom grew up together in a cluster foster village prior to coming to Siyaphambili and, one of which grew up in children's home and could not speak a word of *isiZulu* on her arrival. Each house is so unique that the issues experienced are as diverse as they are similar.

6.4.3 Table Depicting the Demographics of each Household

| | Black South African parents | White South African parents | Biological children & grandchildren within the home | Only foster children from institutions | Children who are related biologically living together |
|---------|-----------------------------|-----------------------------|---|--|---|
| House 1 | ● | | | | ● |
| House 2 | ● | | ● | | ● |
| House 3 | | ● | ● | ● | ● |
| House 4 | | ● | | | |

In-depth interviews held with foster parents at Siyaphambili, and the time spent conducting interviews at iSipho Senkosi, provided valuable insight into the types of care which these organisations offer orphaned and vulnerable children. Chapters Five and Six explore the themes which emerged during the research, a discussion of which offers a more qualitative view into the challenges, as well as positive outcomes, these organisations and foster parents encounter. The views given are those of the foster parents and not those of the children. Further research could explore the perceptions of children who live in these types of models of care and how they experience life within these models.

Chapter Five:

Non-Kin Care: A Plausible Solution to South Africa's Care Crisis in the Context of HIV/AIDS?

1. Background

During the research at both iSipho Senkosi and Siyaphambili, various themes were explored with regards to the type of care offered at each institution, as well as key issues regarding family life within these organisations. This chapter looks at these themes which cut across both organisations and how the research participants respond to these issues. Both organisations operate in different ways and on different levels; therefore the issues experienced were often unique to one organisation. The qualitative information gathered in the chapter gives insight into the experiences of the foster parents who choose to raise children who have no biological caregivers to take care of them. Some of these parents are experiencing what it is like to raise children who have spent most of their young lives in institutional care, such as residential children's homes and cluster foster village care systems. Some of these themes pertain to the social fabric of South Africa's society, and are mirrored in non-kin models of care (for example, God's Golden Acre and SOS Children's Villages). Issues pertaining to children who are raised in institutions and the way in which these institutions have affected them on a cultural, social and emotional level are important to consider, in particular for organisations which take on children who are older and have spent many years in institutional or residential care (Save the Children, 2003; Giese & Meintjes, 2005; Jackson, 2009).

2. Father Figures

The notion of fatherhood, and the role of a father in many homes in South Africa, is fluid and often problematic. Many homes in South Africa are without permanent father figures; in these homes fathers are termed 'absent living' (South African Survey, 2008-2009), or are deceased or their whereabouts are unknown by the family. Statistics produced by the South African Institute of Race Relations found that 40% of South African children are raised in single female headed households. The absence of fathers in South African households is becoming more prolific with those children living with single mothers outweighing those children who live with both parents. In 2002, black South African children, 15 years and younger, led the field in the absence of fathers who lived at home with their children at 50.2%. This was further broken down into rural and urban categories: rural at 55% and urban at 42.7%. The overall South African population of children living without fathers (absent living) was 45.8%. Deceased fathers also contributed towards the absence of fathers in households; overall children 15 years and under with deceased fathers was 12.8%.

This absence of father figures within South African households is reflected in the set up of many non-kin models of care for children (South African Survey, 2008-2009; SOS Children's Village and God's Golden Acre). The cluster foster village system of care for orphaned and vulnerable children closely mirrors society in terms of family demographics. In most cluster foster villages (such as SOS villages, God's Golden Acre and Lilly of the Valley), fathers are noticeably absent. House mothers are usually single, divorced or widowed women who are employed to take care of the children in a home setting. Very rarely, if at all, do men feature in the home

environment. Men might feature in the lives of children if there are male members of staff, such as those on the management team or those who work on the premises. An example of how men are incorporated into the lives of children in cluster foster villages is seen in the Watoto Children's Village in Uganda. Watoto has a programme called the Father's Heart which brings "respectable" men, from the church to which Watoto is affiliated, into the village to spend time with the children. The aim of the programme is to "complete the family structure" as married couples are clearly conspicuous in their absence (www.watoto.com).

The role of men in the lives of children at iSipho Senkosi is also limited to the men who choose to volunteer at the transition home (of which there are very few) and the men who work on the premises. At the time of the study there were two men who featured quite regularly in the lives of the children; Max, a volunteer, and Leon the 'handy man' who maintains the gardens and homes, but also spends time with the children as part of his job description, at iSipho Senkosi. According to the iSipho Senkosi co-ordinator, hiring Leon was a strategic move on the part of the management team as they felt the children would benefit from having a consistent male authority figure in their lives. iSipho Senkosi deems it necessary to have such a male figure within the organisation as it gives the children an opportunity to develop a relationship with him, rather than only with females. This is important as most of the children are likely to be adopted into a family with a married couple and iSipho Senkosi would like the children to be comfortable in the presence of a male authority figure. Although one might think that the children are too young to appreciate the differences between men and women, the older children, and in particular the two eldest boys, followed Leon around the garden while he attended to his daily chores.

Leon would patiently answer the questions which the boys fired at him constantly and would offer them the chance to spend ‘quality time’ with a male role model. During the study the three eldest children were often in his company, even if simply to stand next to him while he watered the plants.

The notion of a ‘father figure’ plays a vital role in the philosophy of Siyaphambili and this theme emerged often when interviewing parents. A number of the children at Siyaphambili grew up without the presence of their fathers, or other older male authority figures, in the household. This was pointed out by the Manager of Family Services, who explained that some of the children had really struggled to come to terms with the presence of an adult male in the household. Siyaphambili’s philosophy is to offer their children the opportunity of growing up in a nuclear, Western-based family setting of mother, father and children, in the hopes that when they are ready to start their own families, they will recognise the importance of having both a mother and father in the family environment.

As far as my research indicates, Siyaphambili is one of the only cluster foster style organisations in the country which insists on married couples raising the children. The organisation strongly believes that a home environment requires a mother and a father and that too many children are growing up without, what they perceive to be, the benefit of both. It is the only model with a full time father in attendance, and they believe this to be vital as many of the children have come from homes with absolutely no male figures at all. In fact many of the children find it quite difficult to adjust to a father figure within the home as it was a first time experience and the foster parents had to find ways of integrating the fathers into the lives of the children in their own

way. Siyaphambili provides counselling for those children who struggle to adjust to the new set up. Siyaphambili believes it is important for the future generation of children to understand, through first hand experience that men have a role to play within the household as both a husband and a father. While neither of the house mothers at iSipho Senkosi is married, the management team would ultimately like to employ married couples to look after their children, if and when Carol or Thembi decide to retire, or in the event that they open more transition homes.

For Wendy and Mike in particular the notion of restoring fathers to families was very important as all of their foster children were raised in non-kin models of care without a father figure. They felt what Siyaphambili was offering the children was vitally important to the “restoration” of society; Wendy stated,

“Something that’s very important for us is to see the ‘father heart’ restored; the male role figure restored in families. There’s just such a breakdown in families and the family is the pivot. If the family doesn’t work properly then society doesn’t work properly. There are so many broken families, dysfunctional families, single parented families; it is devastating. So for us it was just something we wanted to see; the father figure being restored in families.”

Mike initially experienced a great deal of resistance from his foster children in terms of his role in the family. He believes that this is related not to the fact that the children were simply disobedient but rather that they had little idea of what he was really doing there. All four of their foster children were raised in non-kin child care facilities (a cluster foster village and a children’s home) and had not grown up with a dominant male authority figure in their lives. The children would always approach Wendy when they needed assistance or to ask permission. Wendy felt that this was linked to the fact

that the caregivers, at both child care facilities her foster children had come from, were women; the children knew that the female care giver was the person who would attend to their needs. Wendy felt she needed to teach the children that their foster father was the parent they should approach first, in order to cement his role and function in the family into the minds of the children. As Christians, Wendy and Mike closely follow the doctrine that fathers are the heads of the household and this is reflected in the way that Wendy defers to Mike when decisions are being made. However Wendy stresses that Mike does not make the decision alone; they negotiate and talk the issues through, but ultimately Mike *“...has the decision, he makes the ultimate decision. Obviously we negotiate and discuss that.”*

Wendy believes that by showing respect to Mike in front of the children, they learn to recognise that he does have a role to play and is an important member of the family and someone they too should respect and acknowledge. According to Wendy,

“Another important thing is that I do direct the children to Mike; which shows this is how family works....Automatically they have a kind of respect for a female role in the home. So if the mother is directing to the father then they realise that the female role model, or the female caregiver, also has a certain amount of respect for the male. So there must be something in this. It’s an easier way for a father to come through. So I think if the mother figure doesn’t do that when the kids move in initially, then it will be harder for the father to come in.”

Interestingly for this family, it is Wendy who works for most of the day and Mike who is at home with the children. Mike spends much more time with the children on a daily basis and this has proven helpful in gaining the trust and acceptance of the children. For Mike and Wendy, their biological children have proven to be good role models in helping the foster children to understand the role of a father and how to

respond to him within the family environment. Wendy explains that now the children respond well to Mike;

“It has probably been easy because our children, they’ve seen how our children respond, so they’ve had an example to see, so when he speaks, we (she refers here to the children) listen. He’s not someone to be feared.”

One of the other foster parent couples however felt that it was unfair to the foster children if parents had their biological children living within the same family unit as it created a “*them and us*” situation. However the benefit of having biological children and foster children living together clearly works, according to Mike and Wendy, within their family environment. Nothile and Xolani likewise have two of their grandchildren living with them and assert that these two children have made it significantly easier for their 7 year old foster daughter to fit in with the family as she has two ‘siblings’ of her own age and she learns from the behaviour they display towards their grandparents. These views are the perceptions of the foster parents and how they experience their family environment, there is the potential that the children may not feel the same way that their foster parents feel.

3. The Need for a Consistent Primary Care-Giver: The role of House Parents and Volunteers

Volunteers are an important component in the running of iSipho Senkosi. Unlike Siyaphambili which has two house parents per home, most of whom are stay at home parents, house mothers at iSipho Senkosi require additional help in caring for the babies. As the children at iSipho Senkosi are between the ages of a few months to four

years, they 'create' far more work for the house mothers. Aside from baby-care chores the older children require someone to watch over them as they play in the play area and also to stimulate them with talking, singing and general child's play. Often the house mothers will be called away from the homes in order to attend court hearings for the children in their care, take children to the clinic or even simply to spend time with a child away from the home in order to spend quality time with him or her. Volunteers fill the gap created when house mothers are away and ensure that an adult is providing the supervision needed for the children. The two domestic workers are also on hand to help out but their main role is to clean the home, rather than to constantly be running after the children, although they do take on some of the responsibilities when house mothers are away. The night nurse looks after the babies and children during the night which gives both Thembi and Carol the opportunity to get a good nights sleep. With six children per house, most under the age of one and a half years, the night nurse fulfils a valuable role in assisting the house mothers.

Throughout the duration of the study, there were two volunteers who were consistent in their attendance of visiting the children at iSipho Senkosi. An American student, Hannah, had specifically come to live in South Africa for three months in order to volunteer at iSipho Senkosi. She had been introduced to the organisation through the local church in Durban to which iSipho Senkosi is affiliated, and her parents had agreed to help her financially while she volunteered. She approached volunteering as if it were a full time job and arrived at 8am and left at 5pm everyday; spending the maximum amount of time with the children. Volunteers often become inordinately close to a specific child which is an issue that iSipho Senkosi attempts to address in their manual on volunteering at the organisation. Volunteers are expected to study the

manual and to adhere to the rules and guidelines set out; such as that each child should be treated and played with equally, and that no child should be singled out for special attention. However, this is often not the case and volunteers become quite attached to the child they feel a special bond with. On a number of occasions Thembi and Carol have had to take volunteers aside and remind them that the children are going to be adopted or fostered and that becoming attached is not good for the volunteer or the child. Although it is not an 'enforced' policy, the volunteers are encouraged to take different children on outings or home for the weekend rather than focusing on one child in particular. iSipho Senkosi's co-ordinator says this policy is actually more for the protection of the family, rather than the child, as babies are quite resilient and adaptable, but the families are not. When babies are adopted, which is the hoped for outcome, families often struggle to come to terms with no longer having a particular child in their lives. The co-ordinator stated though that while the policy was in place, it was often *"difficult to be prescriptive and a more organic approach is adopted in handling these kinds of situations"*. Often volunteers prefer to interact with babies, rather than toddlers, and vice versa.

Colby-Newton (2006) speaks of the role of volunteers in three different cluster foster villages in KwaZulu Natal. She states that in one cluster foster village in particular it was the volunteers rather than the grandmothers, who interacted more with the children on a daily basis. She also stated that the volunteers often offered children the most emotional support than their grandmothers, and affirms the fact that volunteers form emotional attachments with the children which are 'broken' each time a volunteer leaves in order to return to their homeland.

The World Health Organisation (2004:26) explores the importance of a primary care giver for children under the age of three, as it is between birth and three years that a child's neurophysiological system is developed, in conjunction with the actions and responses of the caregiver to the child. What the child learns during this time through socialisation enables him or her to *"self-regulate and thereby to generate and maintain his states of emotional stability or instability."* A baby's *"sensory, motor and arousal systems"* develop within these three years and he or she learns to respond to the caregiver based on his or her actions towards the child. Dawes and Donald (see Donald, Dawes and Louw, 2000: 8) further emphasise the importance of self-regulation in a child as it enables the child to *"delay gratification and improves impulse control – characteristics that help the child on entry to school"*. If children experience an early childhood which is characterised by unstable relationships, they are unlikely to master the ability to self-regulate and ultimately it affects the types of relationships they have in the future (Dawes and Donald, see Donald, Dawes and Louw, 2000).

At another cluster foster village which Colby-Newton included in her study (2006), the director supported the idea that children should have one primary care-giver. The director had taken the approach of believing that the foster mothers (or grandmothers) should be the main source of emotional and physical support to the children, rather than the ever-changing volunteers. The director had in fact been swayed by what she had learnt through interacting with child-care experts, such as Linda Richter. Richter (2004: 2) maintains that a child should *"have at least one caregiver who is devoted to their current and future well-being"*.

Volunteers also often do not understand the process of reunifying children with extended family members, especially if the children are to return to extremely poor areas. Before iSipho Senkosi introduced the rule that predominantly children who had not been successful in their reunification with their biological family would be accommodated in the transition homes, some children were returned to family members. One case in particular proved quite difficult for volunteers and staff members to comprehend; a child's father arrived to claim the child and stated that the child would be sent to live with the father's mother in a rural area of KwaZulu Natal. The social worker handling the case decided that it would be in the best interest of the child to be returned to the extended family and the decision was made. Thembi and Carol went with the social worker to drop the child with his grandmother and found the home to be extremely rudimentary.

The second consistent volunteer, Max, is a young black man who had decided to take time off from his studies as he was unsure of whether he had chosen the correct career path. Max lives relatively near to iSipho Senkosi and would spend at least four days a week helping out with the children. Max also belongs to the church to which iSipho Senkosi is affiliated and both Hannah and himself believe that their faith as Christians is an important factor in their desire to care for the children at iSipho Senkosi. Both Max and Hannah would like to adopt children of their own in the future and would turn to an organisation such as iSipho Senkosi to aid them in the adoption process. For Hannah, iSipho Senkosi represented a new form of child care that she had not come across in America. Hannah stated that in America *"orphanages are a common form of child care for orphaned and vulnerable children"*.

While Hannah and Max are the dominant volunteers, there are a number of part-time volunteers who come to iSipho Senkosi when time permits. They include students from the local university, a mother and young daughter; the mother is considering fostering a child and spends time at iSipho Senkosi to familiarise herself with the children before making her final decision. A local school also visits twice a week as part of its social responsibility programme and about twelve junior school children, between the ages of 10 and 13, play with the children at iSipho Senkosi. The school is attempting to engender a sense of social responsibility amongst children and to offer them ways in which to participate with members of society who are in need of assistance, or in this case, care. The children are exposed to a variation of people and quite easily accept those who came into the transition home for the first time. While it is commendable that so many people are eager to share in the lives of the children and assist the organisation through volunteering, the children seemed to quickly learn to take advantage of the situation. According to Max, the children are quite able to find the weakness of a particular volunteer and use that to their advantage. For example, volunteers are often not sure of their role in terms of disciplining and how to discipline correctly so will rather let bad behaviour go unchecked. In addition, I observed that children frequently completely disregard the volunteer when they are being reprimanded for bad behaviour. An example of this at Siyaphambili was given by Wendy, when talking about the newest addition to their family, 8 year old Thobile. Thobile had come from a children's home and had, according to her foster parents, arrived with the ability to fight for what she wanted, and to manipulate. Mike and Wendy felt that Thobile, at the time on the interview, had begun to feel comfortable with her new foster family because she seemed to understand and acknowledge the boundaries which Mike and Wendy had instituted as foster parents. However they felt

that outside of the family, Thobile would cross every boundary in place. Mike said that if a non-family member were to take Thobile out for the day, she would *“push you right to the limit. She’ll be rude; she’ll demand an ice-cream, then a chocolate”*. Wendy added that *“if you took her out for an afternoon you’d think: what are Wendy and Mike teaching these children?”*

For Siyaphambili, volunteers do not feature in the daily lives of the children in order to assist the parents in their role as care-givers for the children. As a result of the ideology of a ‘stay at home parent’ there is always a parent in the home when the children are there. Because children at Siyaphambili all attend school there is no need for additional care givers to be present when parents need to attend to errands outside of the home. The philosophy of the model also does not lend itself to using volunteers as each home is based on the premise that they should function as similarly to home environments outside of Siyaphambili. For the children at Siyaphambili their house parents are the dominant authority figures in their lives, and their needs, both physical and emotional, are met by their house parents.

While most of the research on foster care relates to children who are moved from one foster home to another, at Siyaphambili the child would effectively stay in the home environment in which he or she is currently living. The family unit, of the six children, would stay together but the foster parents would change every year, if the foster parents chose that duration of time to care for the children. Harden (2004) states that in order for children to grow and develop adequately, there needs to be consistent nurturing of the children within the non-kin models of care. She states that ‘substitute families’ are the next best option to biological family care (kinship care) but this

needs to take place over a longer period of time. The two sets of foster parents who consider their role of foster parents as a long term commitment are therefore, according to Harden (2004), giving their foster children the best chance possible of growing and developing into stable young adults.

Harden (2004:2) also speaks of a “*high-quality care-giving ecology*” which is necessary for creating a “*positive development path that has the potential to produce long-term positive outcomes*”. Siyaphambili, as an ‘elitist’ model of care for orphaned and vulnerable children, offers the children far more than they were being given in the cluster foster village system and children’s homes from which some of them came. As expressed in Chapter 3 which gave a detailed account of Siyaphambili as a model of care, each child is looked at on an individual basis and the necessary care, education and support is given accordingly.

While children at Siyaphambili might have years ahead of them with ‘shifting’ parental figures, the children at iSipho Senkosi are experiencing their early years with house mothers and volunteers, yet will most likely be adopted into a permanent family setting by the age of three years. It is well known that older children are harder to place into adoptive family settings, as adoptive parents prefer to adopt babies or preferably children under the age of two years (Beauvais-Godwin, 2005). Older children are often moved from foster home to foster home or from institution to institution (Harden, 2004; Jackson, 2009) and are more likely to have emotional problems (Beauvais-Godwin, 2005). Siyaphambili takes in children who are then more unlikely to be placed in adoptive homes, as the children are aged between 5 and 22 years of age. Of those that were living in cluster foster villages and children’s homes; none had

been placed with adoptive families, showing the difficulty in placing children between these ages. That Siyaphambili has taken in children as late as 18 years of age, is commendable, as these children seem to take more time to settle in than their younger counterparts, as expressed by most of the parents at some stage in the study.

4. Living within an Institution

4.1 Living On-site versus Living Off-site: the Pros and Cons

Three of the four families at Siyaphambili live on-site; they live on the grounds of the organisation in close proximity to each other, although much further away than most houses would be situated in a residential setting. The family that lives off-site is situated in a gated community which is “a generic term that includes enclosed neighbourhoods that have controlled access through gates or booms across existing roads, and security villages and complexes, including lifestyle communities which provide their enclosed residents with a range of non-residential amenities such as schools, offices, shops and golf courses” (Landman & Schönteich, 2002). The reason why Mike and Wendy live off-site is due to the fact that a land claim has been placed on the land on which Siyaphambili is situated. During Apartheid land was taken away from black South Africans and given to white South Africans for various reasons, such as farming and residential purposes. The land restitution programme at present seeks to return land to the people if it rightfully belongs to them (www.land.pwv.gov.za). Due to the often lengthy and arduous process of land restitution and whether the claimant will indeed be successful (Parliamentary Monitoring Group, 2009), the decision was made to buy homes off-site in the event that the land claim was won by the claimant.

Mike and Wendy felt that living off-site was far beneficial to the children and themselves because they felt that it to be a more natural environment in which to live. By living off-site they are far less likely to have input from other sources, such as management and the other parents and can parent in the way they feel best suits their family. Wendy stated that,

“When we lived on the property we did feel this pressure; our parental authority was undermined from different directions, the staff, the school and other parents. The children didn’t have the opportunity to grasp the parental authority because there was regularly instruction from outside the family.”

They also felt that living off-site created a less institutionalised atmosphere, which was particularly important for them as all four of their children had grown up in, from a very early age, at child care facilities. They believe that by being integrated within a community, the children would be less likely to associate their new family setting with an institution and they would be exposed to living in a community setting, albeit an urban middle-class community setting rather than a township or informal settlement, where many cluster foster models of care are situated (for example God’s Golden Acre). In living off-site the children are exposed to people from all walks of life and the people within their community setting have readily accepted the family; neighbours have even asked to watch over the children if Mike and Wendy need time off for themselves for the evening. Jackson (2002) mentions that SOS villages have begun to recognise the benefits associated with raising children in communities, which cannot themselves raise the children without external resources coming in. A solution given was to consider building homes within the communities, outside of

SOS villages, and to assist families financially. In 2002 SOS in Zimbabwe (www.sos-childrensvillages.org) began a ‘family strengthening programme’ which was created to assist children who were likely to lose their family. The children are assisted and placed in caring family environments in which to grow and develop. SOS works closely with families and communities in order to assist them in caring for and protecting children.

However, for Jake and Linda living on-site can be both beneficial and detrimental to the development of the children. One of the main concerns they have with living on-site is that the children are somewhat on display. Jakes describes this as follows:

“I have a problem where that frame of mind seems to exist; where they (the children) are public property or they are toys that we can take out of the toy cupboard and we can play with and put them away again. And the one instance that we had where they were like animals in the zoo and came and said: we’ve come to look at the children. Look at the children! It is so absolutely ridiculous... I don’t think they do it deliberately, I think it’s just purely a case of they don’t think. And they are so focused on doing good and trying to help that they actually don’t realise what they are doing is in fact hindering or creating a bigger problem.”

By virtue of the fact that Siyaphambili is funded by both local and international donors, there are times when the children and the foster parents are called to participate in specific functions which have been organised by Siyaphambili. They are expected to fulfil roles which foster relationships between the organisation and the donors. Donors like to see where, how and on whom their money is being spent and the children are obviously very tangible evidence which reassures donors. It is not these functions however which worry Jake and Linda but rather the occasions where people ‘drop in’ and fail to ask permission from the parents with regards to the

children, as would be the correct protocol in any family situation where children are concerned. The example given involved a film crew which had come to Siyaphambili to film the organisation. Linda noticed that the children were particularly quiet and went to see how they were doing. When she went outside the film crew were filming the children without having sought her consent. What bothered Jake the most about this incident was that in no other family setting would that action be considered acceptable but because of the nature of the organisation, the children are, on occasion, treated as though they are public property. He also felt that their role as parents was undermined as the children had been involved in a particular activity set by Linda, but the film crew deemed this less important than their mandate for the children. Jake and Linda feel that this type of action by strangers sends a message to the children that the authority does not lie with parents. A key point raised was that for these children in particular, who have not been living at Siyaphambili for very long, family routine is not yet firmly entrenched and any disruption to that routine sets the children back in the process.

4.2 The Creation of Expectation amongst Children Living in Non-Kin Models of Care

For the two black couples, in particular, the issue of children's high expectations created by living in a home setting such as Siyaphambili was mentioned a number of times. For both sets of foster parents their worry lay in the potential for their foster children to become too 'sophisticated' for the communities from which they had previously come. Jackson (2002) speaks on how residential homes have the potential to create problems for children once they leave the institutions and return to their

communities. Jackson (2002) highlights the elevated standards that some residential homes live by, and children are exposed to, and how these high standards become the standards that the children expect to live by after leaving the home. Jackson (2002) also stresses how resource poor communities might be less inclined to care for children in need if there is a perceived better option available for the children.

An interesting response by both of the black couples has been their concern for what they perceive to be ‘molly-coddling’ of the children. The expectations of these parents seem, once again, to be connected to their desire to see their children function well within communities which are of a lower socio-economic standing. Joseph in particular voiced his concern with regards to the way in which the children expect the parents to fulfil household functions such as cooking and cleaning of dishes and clothing, all of the time. The children at Siyaphambili are exposed to a way of life previously not offered to them; the refrigerator is full of food and a sufficient supply of food is readily available on a daily basis, which is generally cooked by their foster mother. In addition, they have new school clothes, rather than “hand me downs” from older siblings, and they are surrounded by technology which makes household chores easier, such as washing machines and microwaves. Joseph believes this could be the undoing of them if they were to marry or return to poor communities. Joseph feels that the children should be far more independent and be able to fulfil domestic duties on their own, and without the use of technology, such as the washing machine. His motivation for this is that if the children return to more ‘humble’ residences; for instance if one of his foster daughters were to marry a man of little means, she would not know how to undertake everyday household tasks without the aid of technology. Joseph stated that,

“But what we’ve found here is that there is too much ‘silver-spoon’. Where they were (referring to children raised in poor communities), they used to have the rocks and the river water to wash their clothes. Here they just put the clothes in the washing machine and fold their arms and wait for the machine to do everything. Then they’ll take everything and hang it on the line. Which is a great concern to us because if we can only experience the washing machine, what happens when the power is cut off and you can’t do your own washing because you don’t know how to do it. That is bad. You can only wash what you really need. Not what you want.”

On asking whether the expectations of the children were high, Joseph responded, *“Yes and the future is not for you to dictate”*. The expectations of the parents on their children may well be a result of their first hand knowledge of what life can be like in rural or less privileged communities.

Linda and Jake and, Mike and Wendy, have also alluded to the fact that the children quite quickly adjusted to their new lifestyle, after initially being quite unsure of how to respond to the seeming abundance of items, such as food and clothing, which previously had been unavailable to some of their children. The couples recall their first trips to the grocery store where the children were included in the choosing of food for the week ahead. The children were initially overwhelmed by the fact that they could take part in deciding what they eat during the week. Mike talks of how in institutions meals would be planned without the children’s input and the children would have to eat whatever was placed in front of them at meal times. Joseph laughed when he stated that his foster children are exactly like children in any ordinary home environment and have quickly forgotten their old way of life. He was referring in particular to the fact that the children had all been given brand new bicycles soon after arriving at Siyaphambili, but now they have grown bored of the bikes and they lie

scattered and abandoned on the lawn. Joseph stated that *“they don’t even talk of bicycles anymore!”*

4.3 The Creation of Culture in Children Who Have Been Raised in Non-Kin Models of Care

This section deals with issues faced by parents who are specifically raising children who have been brought up in non-kin models of care, such as a children’s home and the cluster foster system of care. It is important to understand that the way in which these children have been raised has impacted not only upon their Zulu culture but also in the way in which they have learnt to behave in a ‘family’ environment. As Jake so succinctly stated when faced with situations in which the children were behaving, in what Mike and Linda considered out of the ordinary, *“I don’t know whether it is cultural or whether it is purely and simply a product of the environment that they grew up in”*. Three of the children in Jake and Linda’s home, and four of the children in Wendy and Mike’s home have come from non-kin models of care and have spent the majority of their lives within these facilities. This explains why both of these foster parents are faced with issues around behaviour which were developed in the non-kin models of care rather than issues of a cultural nature. The older children in particular come into the homes with their own set of norms and values which have been created in the models of care from which they have come. These norms and values are often in conflict with the norms and values of the foster parents, and both child and foster parents have to find ways to deal with these discrepancies and to forge ahead with behaviour which is acceptable to both. Zeanah *et al* (2006) speaks of the “ecology of institutional life”, which put differently would be the culture of the

institution. Zeanah *et al* (2006: 426) note that institutions, such as orphanages, are likely to include the following: “a regimented daily schedule and paucity of stimulation; staffing limitations; including understaffing and the fact that caregivers work shifts and have a relatively limited time with individual children; and non-individualised care and lack of caregiver psychological investment in children”. Harden (2004) brings to our attention the various negative outcomes of children raised in foster care scenarios, such as issues with insecurity, depression, behaviour problems, aggression and poor social skills when interacting with others. While the article is based on foster children in America, one can see similarities in articles written pertaining to the realities of African foster children. Jackson (2009) speaks of potential risks which children may experience in residential care (such as the lack of a caring parent replacement, being separated from brothers and sisters, a lack of quality care being offered to children, children being moved from one care home to another, and sexual, emotional and physical abuse) and outlines how these risks negatively impact upon the children both mentally and physically. Thobile (house 3) is an example of how children who come from children’s homes find it difficult to settle in to a new environment and take time to do so. Wendy tells how a picture Thobile drew depicted her new family, “*She drew a beautiful picture for the Family Services Manager. She drew strong boundaries, square and she put us all inside. And her big figures were myself and Mike and Jono (her biological son). And then the two boys were just heads. And Sarah (biological daughter) was just hair.*” The way in which children are socialised in the institutions from which they have come will most certainly have an effect on the way in which they behave in their new home environments and in their relationships with their foster parents.

One of the first idiosyncrasies which Jake and Linda noticed was that of the behaviour related to using the bathroom. The children seemed to have no sense of privacy and that each child could use the bathroom independently of one another. Linda overheard an argument that two of the children were having; one of the children had been using the shower and the other child had come in and used the toilet, with seemingly no concern for the privacy of the child in the shower. On a number of occasions Linda has had to reinforce the notion of privacy and that each child can use the bathroom without having to share with another child. For Linda it was the younger boys who most seemed to struggle with the idea of privacy and it was both of these boys who had grown up in a cluster foster village. Linda felt that this was most likely something they had learnt at the cluster foster village and the behaviour they now display in their new home environment had been par for the course. Jake felt that this was not necessarily linked to cultural norms in the Zulu culture; this is evident in his words:

“It’s not linked to their culture; it’s just a product of the circumstances that they’ve just grown into. In fact I think a lot of that culturally would be absolutely frowned upon but it’s the circumstances that they are actually growing up in that’s creating them, or creating a new sense of what is normal and what isn’t. And the fact that by many standards it’s not normal becomes a real problem for them”

The Manager of Family Services had made reference to certain types of behaviour which might normally be perceived as the children attempting to ‘act out’ or simply as naughty behaviour, in the sessions where parents get together to discuss issues they were experiencing as foster parents. She felt that foster parents really had to take into account the background from which each child had come and treat each child accordingly. An example she gave was when one of the younger girls, who had come from a children’s home, had used coarse language when asking to go to the toilet. The

little girl had stated that she needed to “go and shit”. She advised foster parents to consider that children, who had come from non-kin models of care such as children’s homes, were likely to have picked up the culture of the institution from which they had been raised. Wendy and Mike experienced this with the newest addition to their foster family. At the time of the research, Thobile had been living with Mike and Wendy for 7 months. Mike noted that Thobile is quite a tough little girl and has limitless energy; something he was afraid of dampening if he was too strict with her in the beginning. He felt that she learnt to be tough at the cluster foster village where one has to “*fight to get to the top*”. Thobile arrived with what Mike describes as her “*second language*”; she arrived at Siyaphambili speaking Zulu and was also fluent in the use of rude sign language and swearing. Zeanah *et al* (2006), in their study exploring the development of children raised in orphanages globally, note that many children display aggressive behaviour which includes attention-seeking, which in Thobile’s case, could be why she uses bad language.

This extended to issues pertaining to sexuality and the fact that the younger children seemed to know far more about sex than the average child their age who had grown up in a family context. Jake and Linda were likewise able to identify with this; they felt their foster children were far too knowledgeable and they believed that this might be a result of the adult movies that the children apparently had been allowed to watch in the cluster foster village, as well as at the children’s home, from which they had come. Linda stated that,

“Senzo, Mfundo and Nokwazi have seen so many movies that I would never have allowed them to see. There’s no control at the children’s home. There are movies that I wouldn’t even watch. There’s like an 18 age restriction and these kids have seen

them all. More than once! We can only surmise that there's no control...well Nokwazi told me there's no control".

Linda and Jake are strict with regards to what the children are allowed to watch on TV. After the relative freedom the children experienced at the children's home, Linda and Jake have had to be clear about the boundaries and restrictions which they place on the children.

"And of course coming here, they want to see these types of movies and we say to them, sorry guys; that will not happen. We are very strict with that. We have parental control on the DSTV but also we will check a movie first even if it's a parental guidance family 13. We will check it out first before we allow them to watch it. We laugh! Mfundo, when there's just the littlest idea that someone, a guy is going to kiss a girl, then his head is down. And Senzo said the other day, "oh please Mfundo, you have seen more than this I know! So stop the act". So he sits and watches".

4.4 Fears and Concerns of Children Raised in Non-Kin Models of Care

During the interviews held with the foster parents, the topic of fears and concerns which had at time been expressed by the children emerged. Children who had been raised in non-kin models of care were more likely, based on the responses of the parents, to feel uncertain about the future than those who had been raised in their biological home or who knew for certain that their parents had died prior to their joining Siyaphambili. Jackson (2009) notes this is often a result of children being placed in residential care; outcomes of residential care can include the inability to trust others and the inability to maintain relationships. Interestingly an article by Jones (1992), which explores the lives of children who are raised by various members of the extended family due to the migration of their parents, also concludes that these

children are likely to experience feelings of rejection and instability due to changing care givers and homes.

Just prior to the start of the research at Siyaphambili Jake had become quite ill and was bed-ridden for approximately two weeks. Linda noted that the effect on the children was quite significant. Senzo, their 13 year old foster son, was in particular extremely worried about Jake and actually took to praying for Jake everyday as he felt that Jake was unlikely to recover without this intervention of prayer. Linda and Jake began to wonder about the lives that their foster children had been exposed to prior to joining Siyaphambili and they surmised that for these children, the death of adult caregivers was something they were familiar with. They felt that it was quite likely that a number of adult figures in the lives of children must have left the children, and not returned, regardless of whether it was due to illness or for other reasons. Jake felt that the children's past experiences were likely to filter into their life at Siyaphambili and it was something that both Linda and himself would have to consciously be aware of in order not to minimise potentially psychologically damaging situations for the children. Shifting caregivers could be potentially damaging to the children at Siyaphambili, especially if current caregivers decide to curtail their five year contract with Siyaphambili, or indeed refrain from extending their contracts.

Joseph feels that the shifting of care givers in the lives of the children is not what could be potentially damaging to the children, but rather that it is the house itself which is important for the children. Most of Joseph and Agnes's foster children have experienced what it is like to have to look after themselves with no sense of material security, and in some cases, no adult supervision. Joseph feels that as long as the

children have somewhere to stay and are provided for financially and materially, then they will be fine with whoever cares for them on an emotional and psychological level. Joseph believes that the new foster parents will not have a problem taking over from Agnes and him as he asserts that *“the way we brought them up, they will still respect the people who are going to be with them.”* Of the children living with Agnes and Joseph, only two are with them on a full time basis; their newest addition, the 8 year old Bongani and 14 year old Brian. The two older girls both work in Durban and only one of them stays at home in the evenings, and their brother, Sizwe, is a boarder at a private school and only comes home on the odd weekend and during the holidays. Joseph may feel that his foster children will not mind when he and Agnes retire but obviously one cannot confirm this as the children themselves have not been interviewed.

Wendy and Mike recall an evening when the family had just seated themselves for dinner and one of the children asked what would happen if their biological parents were to arrive and were to try and take them away from Wendy and Mike. Wendy asked the children what they would like to happen and she says that the children were all quite adamant that they would not like to leave with their parents but would prefer to stay with Wendy and Mike. Wendy explained that they would do their best to fight for the children and they were sure that the best interests of the children would be put above the interests of the biological parents. During the time that the children lived at the cluster foster village and the children's home, their parents had never once come forward to claim them. For Wendy and Mike this was the first time that they truly felt that the children were happy to be living with them at Siyaphambili. Interestingly though, one of their foster daughters, Zanele, has spoken about going to find her

biological mother one day; a cleaner at the children's home where Zanele grew up, claimed to know who her mother is.

Wendy remembered a time when the topic of biological parents had come up with one of her foster children, Mlu (13). Mlu had begun to act quite rebellious and after a while Mike and Wendy decided to find out what the possible reasons could be for Mlu's behaviour. Wendy had an idea it might be related to the fact that he was living in a new environment. She recalled the conversation as such,

"We've spoken once with Mlu; we had a heart to heart talk with him expressing that we understood his pain and the questions he must have as to why, where his real mother, his real father are. Why is he stuck with us as white people? That he looks at Mike, who is his father figure, and he doesn't see himself in Mike, other than the maleness. You know you can look at your mom and see yourself. And we're sorry for him and we don't understand but this is how God's brought us together. And we love him. And he just opened up, and sobbed. So you could see that we'd pressed a pressure point".

Each organisation is faced with various issues with regards to the children they care for. Non-kin models of care for children orphaned and affected by HIV/AIDS are not the perfect environments in which children should grow and development, however they do offer children without biological families the opportunity to be cared for. For those children who have come from residential children's homes, Siyaphambili offers them a more intimate family environment where they have five 'siblings' and two loving foster parents who have willingly chosen to care for the children. These children have experienced life in a children's home and have brought with them both the culture of the institution, as well as experiences, both positive and negative. It is for the parents and the children, as a family, to work on these issues and to forge

ahead as a family unit. By virtue of the fact that the children living at iSipho Senkosi are so young, the house mothers are not faced with the same issues that the foster parents at Siyaphambili are. However, as an organisation, unique issues are created through the role played by volunteers. Volunteers are necessary to ensure that the children are constantly in the care of an adult yet there are unique issues which come about through the interaction of the volunteers with the children. The children at iSipho Senkosi will hopefully only live in the transition home for a short period of time before being adopted by parents. What happens to those children once they have left iSipho Senkosi is not known, as generally the organisation does not hear from the adoptive parents after the child has left their care. This is not due to the fact that iSipho Senkosi prefers to sever relationships with the children who have been in their care, sometimes for up to three years, but that adoptive parents are under no obligation to keep the organisation informed of the child's progress within his/her new family environment. Some of the adoptive parents attend the same church which the house mothers and other iSipho Senkosi staff attend and so they do see the children from time to time, but for the most part, once the children leave the organisation they have very little contact with iSipho Senkosi.

A key theme which emerged during the research was that of 'culture'. Culture plays a significant role in the lives of people and cannot be bounded to one aspect of a person's life, such as religion or language. The environment, in which one lives and interacts, shapes culture and this can be seen in the various environments which children at Siyaphambili have been raised in, prior to joining the organisation. At Siyaphambili, foster parents and children are faced with cultural issues on a daily

basis and the foster parents in particular are constantly learning how to deal with the various cultural issues that arise within their family unity. These issues will be further explored in Chapter Six.

Chapter Six: Non-Kin Models of care and the Construction of Social Identity

1. Background

Culture, and all that it encompasses, emerged strongly during the research at Siyaphambili, and to a lesser degree, at iSipho Senkosi. Due to the diverse cultures of those living at Siyaphambili, which included white English speaking people and black *isiZulu* speaking people, cultural issues arose with regards to how foster parents and foster children interacted. However, as will be further explored in this chapter, culture does not simply refer to factors such as ‘being’ Zulu or Afrikaans but also relates to institutional culture. Institutional cultures develop in response to the environments in which some of these children have been reared to date, such as children’s homes. How the culture of these institutions continues to influence the lives of the children now living at Siyaphambili emerged as a significant feature of this research. This chapter will explore cultural issues such as the use, and importance of language, which is a key marker of identity and one’s acceptance into a particular culture; identity and the way in which children, specifically black youth, identify with the various cultural influences around them and the strength of this identity; as well as issues faced through cross cultural rearing.

2. A Definition of Culture for the Study

There are a small number of approaches which anthropologists use to explore the very nature of culture; such as the mentalist approach (also known as ideationalist), the totalist approach (also known as adaptationalist) (Llobera, 2003) and the behaviourist

approach (Senft *et al*, 2009). An early anthropologist of the mentalist approach, Tylor (cited in Senft *et al*, 2009: 85), regarded culture as “that complex whole which includes knowledge, belief, art, law, morals, custom, and any other capabilities and habits acquired by man as a member of society.” Tylor viewed culture as holistic and inclusive of the many spheres of daily life which both individuals and communities engage in when expressing their specific cultural traits. Tylor believed culture to be essential for an individual to gain group admission and to function as a participating member of that particular society (Senft *et al*, 2009). However, this approach has been seen by some as being too holistic, in that thoughts and ideas are unobservable traits which can therefore not be measured (Wuthnow *et al*, 1984 as cited in Senft *et al*, 2003). The mentalist approach deals with the realm of ideas and symbols and how in turn these shape human behaviour. Humanistic anthropology, which is mentalist in its approach, seeks to understand meaning by interpreting behaviour or texts (Applebaum, 1987).

The behaviourist approach is of value to this study as it explores the notion that people are actively involved in ‘doing’ culture; it is a relational experience between the individual and their culture (Senft *et al*, 2009). It is this approach which mostly relates to the children in this study who have been raised within non-kin care models, with little or limited contact with Zulu culture, a culture into which they were born but not necessarily socialised to any degree. It cannot be said that children within these institutions have had no real interaction with their culture of origin as many have *isiZulu* speaking friends with whom they have lived and attend school with, they have been cared for by *isiZulu* speaking house mothers, and have grown up surrounded by a Zulu community as is the norm in KwaZulu Natal. However, as Senft (2009: 85)

states, “...within this approach culture is defined as learned behaviour in the absence of explicit teaching”. While some of these children have not been completely alienated from their culture of origin, they have not been ‘explicitly’ taught it either. In order for a culture to become dominant it must be learned and shared. Therefore, although there is still the ability for these children to interact with members of the Zulu culture adequately, they are able to do so by selecting the parts of Zulu culture which are relevant to their own particular life circumstances. However, as has been expressed, some of the children raised within strongly Afrikaans institutions, have not learned markers of their culture, such as speaking *isiZulu*, which would enable them to easily assimilate with people who share the Zulu culture. Culture is taught through socialisation and this shared knowledge enables people in a particular society to understand and make sense of the communal behaviours and actions of those members in their society (Llobera, 2003).

Therefore, the use of the term culture in this study takes into consideration the many forms of cultural characteristics indicative not only for recognised cultures, such as Zulu culture, but also takes into account more recently formed, and not always recognised, sub-cultures which have been formed through the interaction and rearing of children within institutions such as residential care homes and non-kin models of child care. This chapter documents the role of culture, in all its forms, such as cross-cultural rearing, differences between institutionally reared children and community reared children, as well as issues pertaining to language and the role of religion, as impacting upon the lives of research participants. All of these issues are relevant to the way in which parents and children interact with each other as well as with the cultural community to which the children originally belonged; in this study, Zulu

culture. Cultural issues are often cross-cutting and a cultural marker such as language may impact upon both communication within the home, between parents and children, as well the reaction of the community of origin towards children who cannot speak in what is culturally perceived to be their mother tongue.

Different levels of culture co-exist; there is usually a dominant culture and there may be a number of subcultures which exist simultaneously in a community or family setting.

For those children who have been raised predominantly in children's homes or non-kin models of care, some bring with them a second subculture, which is recognisable in children raised outside of both cultural community and family settings. It is the construction of an identity which has been created during their time within non-kin care settings and is as alien to parents of Zulu heritage who raise Zulu children from institutions, as it is to white parents who raise children of Zulu origin.

3. Race and Ethnicity as an Identity Marker

Although this research took place approximately eighteen years after the fall of apartheid, and segregation through racial categorisation has legally come to an end in South Africa, the concept of race is still evident in South African society today and therefore cannot be ignored or pushed aside. A brief deconstruction of the terms 'race' and 'ethnicity' is important so that the reader understands why, and how, these terms were used in the context of this study. It is also important to note that often foster parents use the terms 'race' and 'culture' interchangeably, and this is often reflected

in statements made by the foster parents, with regards to their foster children and the children's culture of origin. Just as culture is a social construction (rather than an inherent feature) which one is born into and is learnt and shared by people of a particular society, so are the concepts of race and ethnicity social constructs.

Race, as a social construction, has been used for centuries to segregate people of the human race by using skin colour, a biological trait, as a marker to differentiate between people (Tobias, 1973 as cited in de Haas, n.d). Other biological features, such as hair texture (Tobias, 1973 as cited in de Haas, n.d), were used during apartheid to determine a person's race, in particular if their skin colour was not obviously white or black. Colonialism in Africa, and apartheid in South Africa (Christopher, 1994), played an important role in the categorisation of people according to race, mostly in order to subjugate the black populations under British rule or, in the case of South Africa, the leading white National Party rule (Christopher, 1994). The term 'ethnic group' is used by anthropologists in place of the term 'tribe', which was developed (and continues to be by used) by the many people, in colonial times to describe people who belong to particular cultural groups (www.science.jrank.org). Tribes, during colonisation in Africa, were created by colonial powers by creating specific territories in which people could live, by codifying and standardising language, by using specific labels created by both colonial administrators and anthropologists, and lastly through indirect rule of local chiefs. In South Africa today the notion of ethnicity continues to be a popular form of differentiating between people, for example although black South Africans are the largest racial category, there are four major ethnic groups to which black South African's can belong; Nguni, Sotho, Shangaan-Tsonga and Venda. These major ethnic

groups can then be further sub-divided into groups such as the Zulu and the Xhosa, both of which are from the Nguni ethnic group (www.info.gov.za).

Very often the concepts of culture, race and ethnicity are used interchangeably; however having a skin of certain colour does not reveal much about a person and the culture to which they are affiliated. As explained by Busakwe (1997 cited in de Haas *et al*, n.d) having a black skin, tells one very little about Busakwe's identity. Busakwe (1997) is defined racially as black but his skin colour does not reveal the language he speaks or the culture he is affiliated to, nor does it reveal his religious persuasions. Therefore as a marker of identity, race is rather superficial; however, it is not inconsequential.

4. Social Constructivism

Social constructivism (Kukla, 2000; Ernest, 1999) is just one in a number of theories which stem from social identity theory. Social identity theory operates on the premise that a person comprises of a number of 'selves', rather than just one 'self'. Each of those 'selves' will become engaged when one encounters different social contexts. Group membership is an important trigger for these 'selves' and how one identifies within those groups (www.cw.utwente.nl)

The theory of social constructivism has been used in this study to understand the way in which culture is created in particular environments due to the interaction of people within those environments. As has been discussed, culture is a social construct, and people are able to construct identities based on the various cultural inputs they

encounter. A culture is strengthened by group engagement whereby cultural characteristics of that group are shared with, and learned by, individuals within that group. This is important to acknowledge when recognising that organisations and institutions, such as children's homes, also have a culture to which individuals and groups ascribe. This was described in Chapter Five by Zeanah *et al* (2006) who speaks of the "ecology of institutional life". Children raised within those institutions will identify with institutional culture as they interact and engage with the environment and with other people who also ascribe to that culture.

5. Cultural Issues Facing Children Reared in Non-kin Models of Care

A concern in raising children outside of culturally and spiritually relevant settings is mentioned by both the South African government (Mabetoa, 2008) and the UN Convention on the Rights of the Child (UNICEF, 2008). The convention states that children have the right to partake in a cultural and spiritual life which is relevant to them. For many children placed in orphanages and children's homes around South Africa, there is no connection to a culturally relevant community. These children have been placed in the care of such organisations for various reasons such as abandonment and orphanhood (Meintjes *et al*, 2007) and indeed, from a very early age, may not have had any interaction with people who openly practice their culture or even speak what is perceived to be their mother tongue. A social worker, working for Siyaphambili, interviewed on the issue of cross-cultural adoption, stated that one had to really consider what options a child has if there is no chance of reunification with the family. According to the social worker, raising a child in a loving home, which

may not be culturally appropriate, was far better than allowing a child to languish in a state run institution where there would be little cultural input anyway.

All of the fostered children at Siyaphambili are of Zulu origin but seven of the children have not been raised in a community setting which was culturally relevant to them, prior to joining the Siyaphambili fold. Two of the seven children have been raised in state children's homes while the other five have been raised in cluster foster villages. While the community cluster foster village system is more likely to transfer Zulu cultural practices, due to the presence of Zulu house mothers, than a children's home, the children who have lived in the cluster foster village have, according to their foster parents, been raised with a western approach to life. Zulu cultural input would have come from their *isiZulu* speaking house mother and other staff members of Zulu origin; which is evident in the fact that the children are able to speak *isiZulu*. As stated by one of the parents, volunteers from varied cultural and geographic backgrounds (such as Germany, China, the United Kingdom, and America) have played an integral role in the rearing of these children. A key issue emerging from the study was that most of the children had no prior knowledge of their culture and in fact, according to their foster parents, most showed little interest in acquiring this knowledge. Parents have to actively participate in the transmitting of relevant information in order for their children to learn about their culture and heritage.

Like any family which is comprised of different cultures, families at Siyaphambili are faced with various cross cultural issues on a daily basis. In most cases, the children at Siyaphambili have not grown up in their cultural community, that of *isiZulu* speaking people. Parents are faced not only with idiosyncrasies pertaining to Zulu culture but

also, as mentioned, have to take into account the form of culture which has emerged from living in institutions or other non-kin forms of care, such as cluster foster villages. Siyaphambili has four families and each is unique in composition and experience, whether related to cross-cultural fostering, the chasms that occur between generations, or traditional Zulu parents raising Zulu children who have been brought up outside of their cultural setting.

Children currently living at iSipho Senkosi were either brought to the organisation very soon after being abandoned as babies, or as toddlers (between the ages of a few months to two years). Those children who came to iSipho Senkosi as toddlers had mainly been living with their biological mother prior to their arrival and had therefore begun to be socialised into the Zulu culture. Because of the various Zulu volunteers and staff members working at iSipho Senkosi, the children are exposed to the Zulu culture and both the domestic workers speak to the children in *isiZulu*. Once again, due to type of model of care iSipho Senkosi is, and the young age of the children, cultural issues are not experienced to the same degree and intensity as at Siyaphambili.

6. Cultural Issues Faced by Parents and Children at Siyaphambili

6.1 Language

For all of the families at Siyaphambili, language is both an indicator of a specific culture, be it Zulu, English or Afrikaans, as well as a medium of communication. As mentioned, all of the foster children at Siyaphambili are of Zulu ancestry; therefore *isiZulu* is, or should be, by virtue of their heritage, the dominant language spoken

amongst the children. For various reasons however, this is not the case. For the white English speaking couples, Zulu is not a language in which they are able to communicate well, and in a few instances, it is not a language in which some of the children from the Siyaphambili homes can communicate in. Due to the make up of each household, as well as the ability, or lack thereof, of both parents and children to speak *isiZulu*, English is the dominant language.

The inability of children to speak their mother tongue is problematic on a number of levels. Singh (2009: 131) cites the UNESCO view on language as, “*Languages are not only extremely adequate tools of communication, they also reflect a view of the world. Languages are vehicles of value system and cultural expression and they constitute a determining factor in the identity of groups and individuals.*” Some of the parents have expressed concern that their children may not integrate fully into the wider Zulu community as a result of their inability to articulate themselves well in *isiZulu*. Linda recalls an experience in which Nokwazi and she encountered an *isiZulu* speaking man who tried to communicate with Nokwazi:

“I’d taken them shopping and there was a security guard who was trying to converse with Nokwazi in Zulu and he was very offended that she couldn’t speak to him in Zulu..”

Similarly, Wendy experienced this with Zanele who also cannot speak Zulu,

“I know for Zanele, if you go to a supermarket, and they say “hello” and communicate to her in Zulu, and she just (shrugs her shoulders)....and I say, “she doesn’t speak Zulu”. And they look with big eyes. How can a black skinned Zulu child not speak Zulu? So there have been those incidents.”

Black children in South Africa are expected to know their mother tongue. An article in *Fair Lady* (2008) by Jellars highlights this expectation when she interviewed a young black South African woman who was adopted by a white family. The young woman was given the opportunity to learn *isiZulu* at school but did not as she did not think it was “important”. However, in hindsight she reveals that it has become problematic because there is an expectation by Zulu people that she will be able to speak *isiZulu* as she is a Zulu woman. Many children who are adopted by parents and families which only speak English are likely to lose the ability to speak their mother tongue (Gindis, n.d). This ‘language loss’ (Kouritzin, 1999) could therefore be applied to children who are raised in cultural environments, such as children’s homes, or indeed foreign countries (in the case of international adoption), where the dominant language spoken is not their mother tongue (Kouritzin, 1999).

For Agnes and Joseph, the issue of language as a marker of Zulu identity is of concern to them as their children, while mostly able to speak *isiZulu* with varying degrees of proficiency, prefer not to. Of their older children, Thandeka, Nonku and Sizwe, attend multi-racial schools and are able to switch fluidly between both Zulu and English. All of the children quite easily mix English and *isiZulu* together into a hybrid language that is popular amongst black youth in South Africa, whereby their mother tongue and English are fused. This language is commonly referred to as *Zunglish* (Artsmart, 2003; Khoza, 2005; Ngubane, 2007). This style of combining two languages is evident in Kenya, where Kenyan youth combine Swahili and English which results in a language called *Sheng*, which is regarded as the “*basic urban vernacular for the youth in Kenya today*” (Bosire, n.d: 185). Singh (2009: 133) speaks of ‘lingocide’, a theory which pertains to the “*gradual process of avoidance by the affected ethnic*

group and of wanton and deliberate erosion of a language in favour of the language/s of domination by hegemonic forces”.

Even the use of the English language by the children in Joseph and Agnes’s care is, according to Joseph, inadequate. However, Joseph does not see this as a result of living within Siyaphambili but rather as a development amongst black youth everywhere in South Africa. In fact Joseph feels that many children, regardless of whether they are raised within their own cultural community or not, behave more like African Americans, rather than black South Africans. He feels that television programmes, the media and music all play a part in this acceptance of American culture by black South African children.

“...by their outfits, the oversize things, the way they walk; they walk like Americans.” “And the language that they use is not even proper English, it’s more American slang”.

For the two sets of white English speaking parents, *isiZulu* is not the dominant language spoken in the household. None of the parents are fluent or reasonably proficient in communicating in Zulu but the children are encouraged to do so. All of the children learn *isiZulu* at school and are free to communicate with each other in their mother tongue. However, not all of these children are actually able to speak *isiZulu*. Zanele (House 3) and Nokwazi (House 4) grew up together at a children’s home, which is a racially diverse, Afrikaans speaking institution. On arrival at Siyaphambili both children were unable to speak *isiZulu*, and Nokwazi had a very limited use of the English language.

Wendy and Mike's youngest foster child, Thobile (8) raised at a cluster foster village, had a limited grasp of English when she arrived at Siyaphambili but was able to speak Zulu. However, according to Wendy, as Thobile's ability to speak English has improved, her desire to speak *isiZulu* has lessened.

"I said she (Thobile) could go play down by Xolani and Nothile (House 2). I said go and ask Nothile in Zulu if you can play. Practice it, what are you going to say? And she got all coy. She's almost too shy to use her Zulu which I felt was a bit sad; so early, 8 months in, she's feeling awkward to communicate in Zulu."

Wendy says she very rarely hears her foster children talking in *isiZulu* to each other. When asked whether the children would continue to take both English and *isiZulu* at school, Wendy felt that they would all take the two languages up to their final year. However, Wendy felt that Zanele would very likely replace *isiZulu* with Afrikaans as it was a language she was much more familiar with.

"She is learning Zulu and she picks it up quite easily. But I think Afrikaans is her mother-tongue. So she'll probably go the easier route rather than go the harder route and chose Zulu."

As mentioned earlier, this could be problematic for Zanele when she begins to interact with the wider Zulu community. However, as expressed by UNESCO (Singh, 2009), language plays a crucial role in group and individual identity and Zanele's desire to be accepted by Zulu people may determine whether she continues to speak *isiZulu*.

6.2 Identity

This brings us to the issue of how these children construct identities which incorporate elements of Zulu culture, as well as elements borrowed from Western culture and African American culture. Children are seemingly able to migrate between cultures as well as forming a new identity. The creation of new forms of identity is explored in studies conducted on what are termed ‘third culture kids’ (Pollock and van Reken, 2001). Third culture kids are children who have been raised amidst multiple cultures, for example children born to American missionary parents, who have grown up in various African countries. When these children return to their parents ‘homeland’, they are often unable to ‘fit in’ as it is not a culture they are comfortable with or have been acculturated into. While the children at Siyaphambili and iSipho Senkosi are not ‘third culture kids’ in terms of how Pollock and van Reken (2001) define such children, they are however children who are being raised outside of their culture of origin. For the two girls who have been raised in children’s homes, they are more familiar with Western culture, than they are to the culture of their biological parents. Both girls are unable to speak *isiZulu* and have experienced reactions of disbelief when they are not able to communicate with *isiZulu* speaking people. Similar experiences were recorded by van Reken (Pollock and van Reken, 2009) when van Reken explained how some children are able to speak the language of their host country far more fluently than the language of their parents.

An interesting theme which emerged during this research was that of the creation of new identities amongst the children, specifically those who had grown up in institutional care, as well as cluster foster models of care which were placed within or

near a community from which the children might have originally have lived. The theory of social constructivism is useful here in helping to identify the way in which culture is formed or created within social settings through reality, knowledge and learning (Kukla, 2000; Ernest, 1999). For example children of a particular culture of origin, such as the Zulu culture, who have been raised in children's homes which lack culturally relevant input from Zulu people, construct their identity in relation to what is available to them in terms of the dominant culture of the environment around them. If a child is not raised in a cultural setting, such as a Zulu home, the child will not intrinsically know how to 'be' Zulu. Culture is learned and shared and through socialisation one learns how to become a member of a specific culture (Kottack, 2006). For the children living at Siyaphambili who were raised in children's homes, their identity lies in the dominant culture of the institution from which they came. The girls had not been socialised in the values and norms of their Zulu counter-parts and fit quite easily into Western households, according to their foster parents. For example, Wendy and Mike's foster children all come from non-kin child care facilities and none of them identify strongly with "being' Zulu.

In the various interviews held with parents, it is clear that the parents do not believe that their foster children identify with "being" Zulu but rather identify with Western culture, which is seen in the inclusion of 'American' culture which Joseph refers to earlier in this chapter.

6.3 The Strength of a Cultural Identity

For many of the children identity is created through the myriad of influences which are encountered on a daily basis. It would be unfair to assume that Siyaphambili, the foster parents and other non-kin models of care are to blame for the loss of culture in these children. According to Joseph, even the foster children who were raised in communities which were predominantly Zulu, do not strongly identify with their Zulu heritage and in most cases have very little knowledge of their roots. For example, Joseph stated that,

“..the more you ask them about their own backgrounds, they don’t even know who they are. Any child could tell you that my name is so-and-so, my surname is so-and-so; originally where does that come from? So they’ve got no clue.”

For the parents who have foster children who have been raised in care facilities, as well as children who have been raised in their cultural community, both groups of children seem to lack knowledge pertaining to their cultural heritage. Linda’s experience of her foster children’s lack of their knowledge of cultural heritage stemmed from a discussion on the death of Diana, Princess of Wales. One of the young girls wanted to know if they too had a princess:

“So I said to her well you actually are the only culture in South Africa that has royalty still. And they looked at me. You have a king, and you have princesses, and they had no clue what I was talking about. And last night, to make it worse I tell them about the reed dance, which they didn’t know about either. They had never heard; the only one who knew about it was Melusi (the eldest). Simphiwe (17) made it look like he did but he didn’t know that much. Even the boys, they didn’t know about the fact

that they have a Zulu King; which is really scary. You know, so we have to look up some information and pass it on.”

Both of Linda's eldest boys were raised (Senzo until the age of 11 and Mfundo until the age of 10) within their biological family setting and the little information they did possess had apparently come from school history lessons, rather than from their home environments.

Wendy too shares her experiences of her foster children's lack of knowledge about their culture as well as their complete lack of interest in asking about their heritage. Mike and she share with the children on the small perceived “cultural” differences they have noticed every now and again (such as having to negotiate the differences between Caucasian hair and ethnic hair) but for the most part, they have not had to deal with cross-cultural issues. Wendy believes that of her children who have been raised in a cluster foster village, where the children are raised by a grandmother from the community, some cultural transference would have taken place. However due to the inordinate Western influence which was the dominant culture of the management, and volunteers, these children identify more with Western values and ideals than with those of the Zulu culture. However, the children are aware of the correct forms of cultural behaviour which are necessary for them to utilize when interacting with *isiZulu* speaking people.

In fact, Wendy uses the phrase “coconut”, a common phrase used mainly by black South Africans to describe black children who have either been raised in white households, or have attended multi-racial schools and have adopted Western cultural traits, to describe her children (Ngcobo, 2008). McKinney (2007:13) in a study on the

concept of 'race' and the use of English is three desegregated schools in Johannesburg, explored the term 'coconut' which, according to the learners themselves, referred to a black person who spoke "like a white person", predominantly spoke English, chose speaking "English rather than an African language", or who were "unable to speak an African language". Ultimately a 'coconut' is a black person who is "considered to be 'acting white' or as 'black on the outside but white on the inside'". South African writer, Ndumiso Ngcobo, in an article written for Mail & Guardian (2009), explores the term 'coconut' and its use in South African vocabulary. While the article takes a humorous look at contemporary South Africa, it does well to outline that words such as 'coconut' do have an academic equivalent which would lessen the negative connotations associated with the word. Ngcobo utilizes the word 'Eurocentric' to describe the adoption of Western values, speech and behaviour. Ngcobo highlights that black South Africans who have been brought up in Western environments, such as schools, are likely to speak and act more like Westerners, than if they have been predominantly raised in their culture of origin.

6.4 The Role of Christianity in Forming New Cultural Identities

According to the South African government information website (www.info.gov.za), 80% of the country's inhabitants consider themselves as Christians; however, it is practiced in varying degrees. Zulu people, like many other African cultural groups, often combine Christianity while maintaining certain aspects of their traditional belief system, such as ancestral worship (Gifford, 1998). Houle (2008) outlines the conversion of many amaZulu people to Christianity during the 20th century. Houle (2008) asserts that there are hundreds of African Independent Churches (AIC) across

the African continent. Houle (2008) explores how Christianity eroded Zulu cultural practices, such as polygamy and *ilobolo* (bride price), and this can be seen in the attitudes of the Christian foster parents at Siyaphambili. Agnes and Joseph's household is a mixture of ethnicities, related languages, and Christianity. The religion of Christianity as a cultural trait, supercedes the family's respective cultures of origin (that of Zulu and Sotho), and it is this culture marker that informs the way in which the children are raised. For instance, the cultural issue of *ilobolo* (the payment of cattle or money by a man for a prospective wife) is not a cultural practice that Agnes and Joseph wish their female children to become involved with. Even though Joseph paid *ilobolo* for Agnes, he feels that their children should rather take the money and use it to set up their home. Joseph in particular feels that once *ilobolo* negotiations begin to take place, relatives of the children will suddenly emerge and make demands. Xolani and Nothile state that when one becomes a Christian, some of those things that one used to adhere to as a member of the Zulu community, must be put aside as they are in direct conflict with Christianity.

Christianity plays an important role in the lives of all the parents. Siyaphambili, as an organisation, is based on Christian values and parents are 'employed' with their Christian faith in mind. Although children who are brought into the Siyaphambili fold can be of any religion, like any family, faith is shared and children are socialised as such (Jackson, 2002). As explored earlier in this chapter, many black South Africans are Christian and Christianity forms part of their identity. However, many black South Africans, and for the purposes of this study, many Zulu people incorporate traditional belief systems with Christianity and do not necessarily stop all cultural practices, such as ancestor worship.

Both of the black foster fathers are pastors and are engaged in preaching at their local churches. Both of the white foster parents identify themselves strongly as Christians and, like all of the parents, attribute their desire to become foster parents to their faith. Linda and Jake mentioned two examples of events which contradicted with their Christian faith but are important cultural practices for Zulu communities. Both instances involved their older foster sons. In the first incident, Simphiwe, who was raised in a Zulu household and community, up until arriving at Siyaphambili at the age of 16, was called to attend a ritual cleansing as his brother had recently died. As the brother of the deceased, Simphiwe was expected to attend and take part in the ritual. As Christian parents this created a “spiritual” conflict which they had to resolve with Simphiwe. When asked to elaborate on the type of ritual, Simphiwe was not able to give a clear understanding of the relevance of the ritual nor did he seem particularly interested in attending. As parents, Linda and Jake had to make the decision as to whether they should allow Simphiwe to attend the ritual. They had made the decision that he would not attend, based on their beliefs, his lack of understanding as well as his disinterest in attending the ritual. Linda explains their reluctance due to their lack of knowledge pertaining to the ritual,

“.....especially though if we don’t really understand it. We don’t really because he couldn’t really explain to us what it was that they were going to be doing but I just didn’t have a good feeling about it. So I wasn’t really happy about him going to it and because he couldn’t explain it to us I had to go with my gut feel and say really I would prefer if you don’t go”

A similar incident occurred when their eldest foster child, Melusi, was approached by an ‘uncle’ who wanted to slaughter a bull for Melusi as part of cultural rites which he was expected to participate in. Melusi refused to take part in the ceremony as he

considers himself as a Christian who does not believe in the ancestors which form an integral part of the Zulu belief system. Melusi identifies strongly with his Christian faith and when he joined Siyaphambili in late 2008, this belief system was already in place. Melusi had lived with his mother up until her death just prior to him joining Siyaphambili at the age of 17.

6.5 Cross Cultural Rearing of Children

In this section I will be utilising the term ‘cross culture’ broadly. An immediate assumption would be that children, who are raised by foster parents of the same cultural background, are unlikely to experience issues around culture which parents of another culture are likely to. However, as mentioned previously, the children at Siyaphambili come from diverse backgrounds. Some of the children, according to their foster parents, appear to have learnt to merge cultural traits from the world around them; through the multi-cultural schools (Nuttall, 2004) they attend, as well as through media which portrays Western values and ideals, through television programmes and music. This creation of the ‘stylization of the self’ in the black youth of South Africa is explored by Nuttall (2004) in her description of black youth of Rosebank, Johannesburg, South Africa. While Nuttall’s (2004: 432) research focuses particularly on the youth of Rosebank, she acknowledges that it stretches “*well beyond this trendy, affluent, and increasingly racially mixed suburb*”. This creation of a new identity is based on elements of both the township and the city and is referred to as “*loxion kulcha*” (Nuttall, 2004: 432). The racial identities which have emerged from *loxion kulcha* are far removed from racial identities borne from apartheid era

racial categorisation; which the two black foster couples are intimately familiar with, due to living most of their lives under this regime.

This generation gap between foster parents and foster children create a clash of cultures, so to speak. These elderly foster parents are often very traditional in their approach to child rearing and neither child nor parent is easily able to relate to the expectations each carries. This is evident in a response by the Manager of Family Services who stated that some of the children at Siyaphambili have spoken to her about their preference for white parents as they perceive these parents to share similar thinking and behaviour patterns which the children have adopted through various means. Another development which she has noticed is that children ‘hope’ for more modern parents, regardless of race or culture, but who will embrace more Western approaches to life. An example of a situation experienced at Siyaphambili which highlights this generational gap as well as an inability of both parents and child to understand each other, was when Simphiwe was moved from the care of Xolani and Nothile, and placed with Linda and Jake. Simphiwe is regarded by all as a creative and ‘emotional’ young man who identifies less with his cultural heritage and more with Western ways. His placement with Linda and Jake has seen him flourish, and as stated by Linda, he feels understood and able to ‘be himself’.

6.6 White Parents Raising Black Children

One cannot take the two cross-cultural rearing examples at Siyaphambili, Mike and Wendy, and Jake and Linda, and compare them, in terms of ethnicity. Both households are completely unique in make up and concerns surrounding cross cultural

rearing apply strongly to Linda and Jake, while Wendy and Mike have seemingly no issues pertaining to cross cultural rearing. Linda and Jake and their six foster children have discussed issues which are relative to the previous non-kin models of care each child grew up in. Their two eldest boys, Melusi and Simphiwe, and Melusi's young 'sister' Sihle, have been raised within their cultural community and are therefore the most unlike their parents in terms of culture. Nokwazi, who was raised at a children's home, does not appear to identify with her Zulu culture of origin. The two younger boys, Mfundo and Senzo, have been raised in both the Zulu and Western cultures which they encountered in the cluster foster village.

On a Friday parents meet up to discuss issues, watch instructional DVD's and share anecdotal information on subjects which pertain to the discussion planned for the session. I attended a meeting in which the parents watched a DVD based on a popular Christian course which encourages parents in the rearing of their children, from a Christian perspective. The parents were engaging in a pilot study which, if successful for those involved in the pilot, would be made available internationally. The intention of the course was to help parents raise their children in the way best suited to the child. Many topics are covered during the course but one topic in particular sparked a debate on cross-cultural rearing of children. The course is based on a Western approach to child rearing and it became glaringly obvious that it does not take into account families which are not Western in culture. An example of this would be that of eye contact between parents and children. Children in Western countries are encouraged to look those in authority in the eyes when being spoken to, and eye contact can be used both to reaffirm as well as reprimand children. This tactic was heavily stressed by the narrator of the course but it was challenged by both sets of

black parents. Within the Zulu culture (and other cultures within South Africa), children must remain with their eyes downcast when being reprimanded by someone in authority. There is great respect for elders and staring an elder in the eye is considered extremely rude and unbecoming of a Zulu child. Both sets of parents stressed the importance for the children to be aware of the correct cultural behaviours which would be expected of them when they came into contact with Zulu people. While children are expected to adopt the more Western approach in white families, there is also an expectation for them to know the correct behaviour once outside and while engaging with the wider community.

This issue of eye contact between parents and child was experienced by Jake and Linda with one of their youngest children, Mfundo. Linda, not realising the cultural significance of children averting eyes when being reprimanded by an adult, found that she was quite exasperated with Mfundo's insistence of looking away while being spoken to. For Linda looking directly at the person, who is talking to you, is what she perceived to be a natural response and when Mfundo would not comply she struggled to grasp his reluctance to do so. She admitted she knew it was a cultural practice but felt that her reassurance that it was acceptable to look at her would have been enough to convince him. Her husband stated that when one is confronted with such cultural discrepancies on a daily basis, one realises how wide the gap can actually be. Jake humourlessly quips that,

“Mfundo actually plays on it a little bit sometimes, it means he doesn't actually have to look at you, he can look out the window.”

Jake sums up this need to understand cross cultural issues as follows:

“I think as far as culture affecting us is concerned, it really comes down to the fact that we have to be aware that there are cultural differences which, we take for granted, which they have absolutely no clue about. So it becomes an educational thing and we need to teach them. And by the same token we have to evaluate a lot of their actions based on would they have learnt this as part of their culture before we regard it as being just bad behaviour or inappropriate behaviour.”

In the case of Mike and Wendy’s current family, three of the children were originally being taken care of at the cluster foster village, and like many of the children at Siyaphambili, have had no real contact with a specific “cultural” community. However these three children were in contact with *isiZulu* speaking members of staff and their house mothers at the cluster foster village were Zulu women. For Wendy this lack of real cross cultural differences is a result of the multi-cultural volunteers who offer their services at similar types of organisations as the one her foster children were raised in. Wendy was not able to recall any incidences of cross cultural differences and stated that this was probably due to the fact that,

“They didn’t come from a cultural community. They came from the institutions, such as children’s homes. There is no cultural community there. So that’s not been an issue.”

Wendy and Mike however experienced cross cultural differences between themselves and the children they initially cared for whilst acting as relief parents. Most of these children were older and had been raised in rural communities. Wendy and Mike struggled as a young white couple but felt this had more to do with a lack of respect for women in general, which they perceived to be a cultural trait amongst the Zulu

community. Wendy felt that she was not viewed as an authority figure and that her role in the family was downplayed by the older children. Her youthfulness, she felt, contributed towards the children's lack of responsiveness. Of the children they care for now, only one took some time to accept his parents, Wendy recalls that,

"Maybe with Mlu a little bit but he came around very quickly and again that's with consistency and just perseverance. You just say, this is your mother and we might not be the same colour as you, or what you expected but you need to respect and we explained what that was. So we didn't have problems with the kids we have now but we did with the older ones; I think the younger you receive them into the home, the easier it is, you won't have that conflict".

In a setting such as Siyaphambili where cross-cultural raising of children is likely to continue, the support of parents who are Zulu for those who are not, is necessary. The opportunity for children to mix with others of the same cultural heritage is important to nurture so that children are not alienated from their culture of origin and are made aware of specific cultural traits which are necessary to know when mixing with people from the Zulu culture.

6.7 Community Acceptance: Returning to One's Cultural Community of Origin

Probably one of the most important cultural questions to ask is whether these children will be comfortable interacting with their former communities and whether they will be accepted by the wider cultural community from which they have originated. As children who are now growing up outside of their community and to a large extent, their culture, parents need to be aware of how their children would fare if they were to return to their community at a later stage. As stated previously, the black parents at

Siyaphambili are aware of the fact that these children may very well not be able to easily interact with people from Zulu communities if they have not been taught how to act accordingly. Nothile and Xolani have been lucky in that all of their foster children, as well as their two grandchildren, have come directly from both a family and culturally appropriate setting. Their aim as parents is to ensure that their children are prepared for the community from which they came and will maybe one day return to, which is reflected in a statement by Xolani who said that,

“The way we bring them up is that we are not putting them in a cocoon, we try to raise them up so they can fit in the community outside because they won’t stay here when they are older. They’ll go out into the community so we expose everything that is in the community that they should know.”

For Wendy, her concern is that Zanele will be discriminated against if she were to find herself in the situation of being with “*traditional*’ Zulu people. Wendy believes that while the young black elite, as well as those who have grown up outside of rural and predominantly *isiZulu* speaking areas, will accept her more easily, she feels that those who embrace a more traditional belief system, will not welcome Zanele. Wendy’s fear is also that people will assume she and Mike had not felt it necessary nor made the effort to educate Zanele about her cultural heritage.

The concept of culture is both fluid and complex. This chapter highlighted the fact that children who are raised in trans-racial, in-racial environments, as well as residential care environments, experience culture, in its many forms, on a daily basis. It is evident in this study that the emergence of a new identity amongst some black youth, which is presented in the merging of various cultures, such as the Zulu culture and Western culture, is perceived by older black parents as being problematic. These

parents feel that their foster children are not able to identify fully as Zulu people due to the amalgamation of cultures which sees aspects of Zulu culture being lost, such as speaking *isiZulu* fluently. However, as pointed out by Joseph, he does not see this as being a product of children living in non-kin care models but rather as a product of today's society in which children grow up surrounded by media which exposes them to a myriad of cultures and ways of expressing themselves. Nuttall's (2004) "*stylization of the self*" speaks to this creation of identities within black youth in the South African context. In this study it is clear that the white parents who are fostering black youth are faced with cultural issues which have as much to do with the children being raised in non-kin models of care, prior to coming to Siyaphambili, as they have to do with cultural issues from the Zulu culture. For some parents, such as Mike and Wendy, the Zulu culture has been relatively non-existent in the lives of their four foster children, all of whom were brought up in non-kin models of care prior to joining Siyaphambili. For the most part, children raised in non-kin models of care, displayed a distinct lack of knowledge pertaining to their culture of origin, although as Linda and Jake pointed out, their foster children who had been raised by their biological parent/s also displayed a relative lack of interest and knowledge in the history and understanding of the Zulu culture.

If foster parents are serious about ensuring that their foster children are familiar with their culture of origin, the responsibility lies with the parents to facilitate the transfer for knowledge, above and beyond what the children are taught at school; as Mike and Linda have done by spending time with the children and exploring aspects of the Zulu culture with them.

Chapter Seven: Conclusion

This qualitative study of two non-kin models of care, for orphaned and vulnerable children affected by HIV/AIDS, did not seek to evaluate whether one model of care was superior to the other. Rather the aim of the study was to acknowledge the need for non-kin models of care, in light of the dissolution of the extended family in the South African context due to HIV/AIDS and poverty, and to add to the limited in-depth information which is currently available on non-kin models of care. Madhavan (2004) muses that it is necessary for non-kin care-givers to be identified and to explore why they take on this role of care-giver to children, who are not biologically related to them; this is the role which iSipho Senkosi and Siyaphambili play in the lives of the children who live in their homes.

Each organisation accommodates children at different stages of childhood; iSipho Senkosi, the transition home, offers babies and toddlers who have been abandoned by their biological mothers, the opportunity to grow up in a small family-orientated environment while adoptive parents are sought for the children. Siyaphambili, the cluster foster care home, caters for children from the age of 5 until the time when the children, or young adults, are ready to leave the security of the family home in which they have been placed. The children at Siyaphambili, prior to joining the organisation, were either abandoned by their parents and raised in institutional care facilities, or had been living with biological family members, who at some point felt they could no longer care for the children for various reasons.

With regards to the feasibility of replicating both organisations, Siyaphambili proves to be the least likely, based on the enormous amount of funding which is needed to run it. iSipho Senkosi, in comparison, is, according to the co-ordinator, *“as expensive to run as any household which accommodates six children”*. In other words it’s no more expensive than the average, middle-income, family situation. The huge financial costs incurred by Siyaphambili have not gone unacknowledged by the organisation. As expressed by the founders, their aim is to substantially impact the lives of a few children, rather than making a small contribution to the lives of the many orphaned and vulnerable children who are affected by HIV/AIDS and poverty. As a response to the HIV/AIDS epidemic in South Africa, it does not have an wide-reaching impact on the vast numbers of children in need of care but it does still serve to offer children an opportunity to live in a family dynamic, as well as giving them an increased chance at achieving goals which would have been out of their reach in their previous care scenarios. For example, very few orphans with a strong academic ability would have the opportunity to be schooled in one of the country’s elite private schools.

Both organisations are therefore important in providing children who have experienced various forms of abandonment and orphanhood in their childhood the opportunity to integrate into a family environment, rather than remain in residential care. Both organisations have children in their care, who have been abandoned and who have not been absorbed into the extended family due to reasons such as poverty, an unwillingness to care for the children, or due to a lack of knowledge about the child’s existence. Social rupture thesis is pertinent in examining the dissolution of the extended family and its increased inability to care for orphaned and vulnerable children. Based on the fact that this research only investigates two non-kin models of

care, it would be difficult to generalise on other non-kin models of care; however such models play a significant role in the orphan crisis which South Africa faces. Given the increase in the number of babies which are abandoned, left on the streets of South Africa or handed in to organisations by mothers who can no longer care for their children due to poverty, the family is clearly unravelling in its attempt, and often inability, to care for children.

A theme which emerged during the research specifically spoke to the South African government's desire to see orphaned and vulnerable children raised within a community which is culturally and spiritually relevant to them. While this addresses the needs of children who have been born into such communities, it does not acknowledge those children, like the children at Siyaphambili, who have grown up in institutional care settings and whose identity is now found in the culture of that institution, rather than in their perceived culture of origin. Siyaphambili's homes have allowed children who do not culturally identify with the predominant Zulu culture an environment to grow up in which suits the cultural input which they have received at the relevant institutions they attended.

Recommendations for Further Study

Throughout the duration of this study with both Siyaphambili and iSipho Senkosi, it became apparent that there were aspects to my research which could be further explored by social scientists, as they were merely touched upon in this study. This research served to qualitatively explore two models of non-kin care predominantly through the eyes of the foster parents and adult role players in each organisation. It

did not explore, in particular, the experiences and perceptions of children living in non-kin models of care. It would be valuable to the body of knowledge pertaining to non-kin care for orphaned and vulnerable children, to investigate how the children themselves feel about living in similar models of care, to the ones which were used in this study, as well as the various models of non-kin care which were briefly mentioned in Chapter One, such as crisis care and community family care. Thus far, while investigating the literature which relates to non-kin child care, such as residential care homes and institutional care, no literature was found which directly revealed the perceptions of children within these institutions. According to Maclean (2003) the Director of the Scottish Institute for Residential Child Care (SIRCC), her experiences with children in both residential and foster care scenarios revealed that teenage children, in particular, preferred residential care to foster care. As far as can be ascertained, little or no literature pertaining to South African children's experiences and preferences of non-kin models of care, has been published.

In Chapter Five the role of shifting care-givers, such as volunteers, who do not stay indefinitely at organisations, and the importance of primary care-givers, was explored in terms of the impact each has on the development of children in non-kin care environments (Dawes and Donald, 2000; World Health Organisation, 2004). A recommendation would be to investigate the perceived impact of these shifting care-giver figures on the lives of children, but from the child's experiences, rather than by only using the interpretations of adult researchers of the child's experience. This is a recommendation given by Carter (1998) when he considers the experiences of children in terms of health care provision. Carter (1998) suggests that adult researchers should pay heed to the experiences of children, in relation to administered

health care, rather than just simply using their own interpretations of the child's experience. Carter (1998) further explores the avenues which children can utilise in having their opinions heard on such matters. Carter (1998) refers to UNICEF'S "Voices of Youth" project which affords children the opportunity to approach leaders, on a global stage, in order to put their views forward on matters which directly affect them as children.

A final general recommendation would be investigate the perceptions and experiences of community members in which a non-kin model of care exists. As expressed by Jackson (2004), some communities have shown an unwillingness to take in orphaned and vulnerable children as they are aware that the organisation can offer better resources to the children. This finding could be further explored in the South African context in terms of how community members feel about non-kin care, as well as whether their perceptions on the expectation of responsibility in caring for orphaned and vulnerable children has changed since organisations which take on this responsibility have emerged in their communities.

Madhavan (2004) mentions the need to understand why non-kin take on the responsibility of caring for children affected by HIV/AIDS and this could be a recommendation for further research. Whilst all of the parents at the two research sites spoke about their choice to become foster parents as a 'calling' from God, this might not always be the case. Comments made during the research, by various research participants, made mention of the fact that foster care grants are sometimes used as a money making scheme by care-givers; however fostering for the wrong reasons would have to be further investigated to ascertain the truth in this claim. In light of the fact

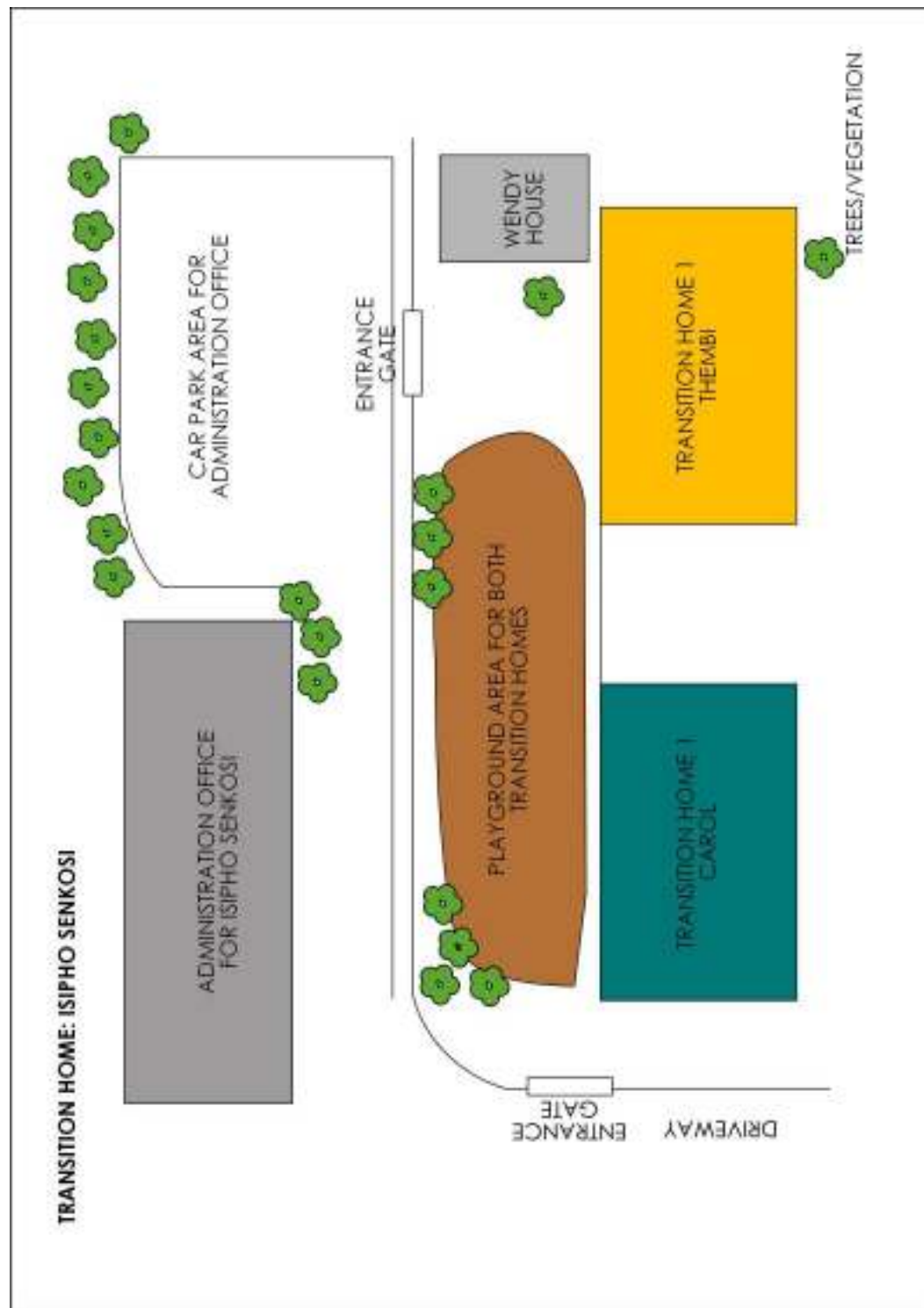
that many people in South Africa suffer from poverty, foster care grants may well entice those who are financially desperate to subsidise their meagre earnings through the fostering of non-kin.

In light of previous research (Richter, 2004) on the importance of primary care-givers, rather than shifting care-givers in the development of children, a recommendation is made to organisations such as iSipho Senkosi, and to a lesser degree Siyaphambili, who rely on the help that volunteers provide when house mothers are not able to attend to the needs of all the children. While volunteers are a daily feature in the lives of children at iSipho Senkosi, they do not feature at Siyaphambili at all. However, with the proposed implementation that foster parents at Siyaphambili only sign one year contracts, rather than the initial five year contracts signed by the current foster parents, the impact of shifting care-givers may begin to impact on the development of the children. However, I would like to acknowledge that this recommendation would require further research to determine whether it is feasible for house mothers to do without the assistance provided by volunteers. House mothers at iSipho Senkosi are often called away on foster child ‘duties’ which only they can attend to, such as a child’s court hearing. In light of the fact that there are so many orphaned and vulnerable children in need of care, organisations may not have the luxury of turning away eager foster parents, based on the fact that they can only provide short-term fostering. Further research could be conducted to determine whether strategies to overcome this problem of shifting care-givers can be implemented by organisations.

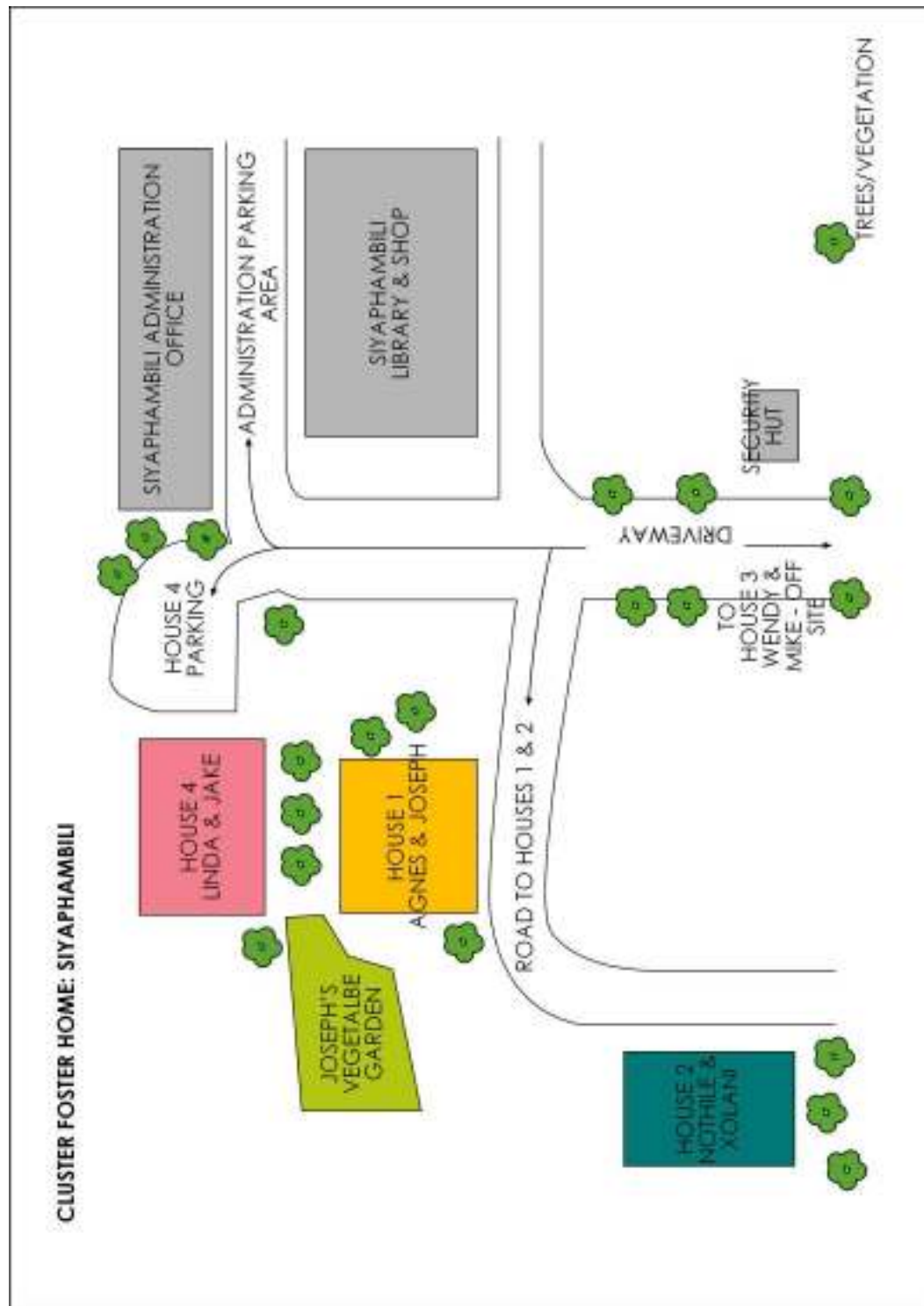
The need for non-kin models of care, which provide care for orphaned and vulnerable children, is necessary in light of the vast numbers of children who are in need of care

as a result of HIV/AIDS. As the extended family and community continues to take strain under the weight of responsibility which is placed upon them to care for children of deceased relatives, non-kin models of care play a role in offering some relief to these communities.

Appendix 1: A schematic representation of the layout of iSipho Senkosi



Appendix 2: A schematic representation of the layout of Siyaphambili



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